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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### The Subcutaneous Application of the Metallic Ligature to the Cure of Varicose Veins of the Leg.

By R. J. LEVIS, M. D.,

Surgeon to the Philadelphia Hospital.

The permanent interruption of the continuity of a varix is admitted to be the only means of its radical cure. Every variety of treatment in which the column of blood in a vein is merely sustained by external mechanical pressure, or by which the dilated vessels are compressed, is either palliative or temporary.

With this admission, the accomplishment of the former object is certainly, therefore, a desideratum in surgery. But there is unfortunately connected with the usual operative procedures for the obliteration of varicose veins a hazard to life which is too great to be incurred by such a recourse in ordinary cases, and the opinions and practice of surgeons at the present time are not favorable to the methods hitherto proposed for the radical cure of varicose dilatation of the veins of the leg.

The danger of operations for the cure of varicose veins is well known to be an uncontrollable phlebitis, with its consequences of erysipelas, pyæmia, etc. Notwithstanding these familiar dangers, the operation has undergone a varied appreciation of favor and condemnation, and has been from a remote period subjected to endless modification with the object of securing immunity from the risks which have ever attended it. The rude procedures of Ali-Abbas, who, after cutting down upon the veins, violently tore them out, or of Paré, who dissected out the entire varicose trunks, were superseded by the milder methods of excising a portion of the vein, subcutaneous section, transfixing with needles or pins, enclosing in simple ligatures, etc.

At the present time, almost the only methods resorted to in the comparatively few instances in which an operation is advised, are Velpeau's pins and twisted suture, and the trifling operation of applying caustics to the integument at points along the course of the veins.

The former operation, although until recently the simplest and safest, has sometimes attendant evils and an occasional fatality which have prevented its general adoption. The latter, from its inefficiency, receives but little confidence; my own experience in it being that but little benefit is gained from it apart from the temporary relief from rest in the horizontal position enjoined while the consequent ulcers are healing. Very recently, and since I have been in the habit of ligating varicose veins with wire, Dr. Bozeman, of New Orleans, has published an account of his successful application of his "button suture" to the cure of varicose veins.

The many practical illustrations of the un-irritating quality of metallic threads in the tissues, which have occurred to me, suggested very early their application as a ligature in the common varicose dilatations in the leg, in which the ordinary means of ligation proves an irritant often serious in its consequences. The first opportunity for the treatment of varicose veins by a plan which I had devised, occurred in December, 1859. Since that time I have repeated the operation with entire success, and attended with no unpleasant concomitants, in twenty-three cases. Some of these cases occurring in the wards of the Philadelphia Hospital, have been reported by the resident physicians, and the uniformity of the operations, and the progress of all the cases, are such as to render their detail at present immaterial, the object of this article being simply to illustrate the peculiarities of the operation.\*

To perform the operation it is important that the veins be distended, so as well to determine

\* See Med. and Surg. Reporter, Vol. 4, p. 354, 420.

their outlines and avoid any risk of wounding them. This may be accomplished by putting a band around the limb above the knee, while the patient is in the erect position; or this may be rendered unnecessary by performing the operation whilst the patient continues standing. If the latter position be chosen, the patient, in order to have the leg at a convenient height, stands on a chair or table which is placed by a wall, against which he steadies himself.

The points chosen for ligature are, first, the trunk of the saphena, at the highest point where there is evidence that, owing to the abnormal dilatation, its valvular structure is imperfect; then the largest and most superficial veins, at places where they are most isolated; and, finally, those in the neighborhood of ulcers or eczematous eruptions of the integument.

The only instruments and appliances essential are a long straight needle, some silver or iron wire, adhesive or isinglass plaster, and a roller bandage. The needle should be straight, and two and a half or three inches in length, and differing from the common surgical needle in having a sharp, round point, which *perforates without cutting*. In the absence of a needle properly adapted for carrying the wire ligature, an ordinary fine darning needle will be quite suitable.

Experience has proved to me that a straight needle is much more manageable for directing the point accurately than the usual curved one, and the policy of avoiding the cutting or spear point, where, as in the varicose state, even the innumerable venous capillaries are often in a varicose condition, and which, when wounded, pour out blood profusely into the cellular tissue, is obvious.

The wire had better be of a fine gauge, as number thirty, or finer. Pieces of adhesive, or isinglass plaster, the latter preferred, one or two inches square, are useful. The bandage may be six or eight yards in length, and two and a half inches wide. A wire-twister is a convenience but not an essential to the operation.

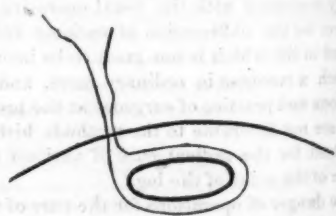
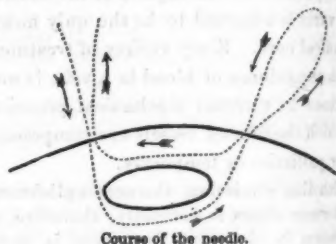
The patient being in a proper position, the operation is commenced by feeling for the edge of the vein to be ligated, and entering the needle perpendicularly until a point beneath the under surface of the vein is reached. Then the shaft of the needle is depressed and its point pushed horizontally beneath the vein until it makes its exit through the integument on the opposite side of the vein. This exit is facilitated by

pressing on the integument with the fingers of the left hand over the point of the needle. After the needle is withdrawn, leaving a wire beneath the vein, it is reentered at the same orifice, but this time passes *above the vein*, traversing the space between the integument and the vein, and makes its exit at the *point of original entrance*.

A slight pulling on the wire draws beneath the skin the loop of wire left on the opposite side of the vein, and all that is seen of the wire is its two ends projecting from the same orifice. Thus the vein is surrounded by a single wire.

Proper care will avoid a risk of wounding the vein, but if there should be evidence that this has occurred, the needle ought to be at once withdrawn and another point for the operation selected.

The accompanying outlines, to make the matter more explicit, illustrate the course of the needle and wire, and the manner in which the wire encircles the vein.

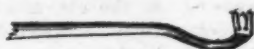


Wire surrounding the vein before being tightened.

The wires are then pulled sufficiently tight to simply constrict the vein, approximate its sides, and stop the circulation through its calibre. The object, be it understood, is not to induce a rapid ulceration through the coats of the vein. In this, my own practice differs from the directions generally given for the ligature of varicose veins, and on this peculiarity, perhaps, depends its apparently absolute safety. It is true that to insure a perfect closure of a varix it is necessary that it should be actually divided, but this division is best accomplished slowly, and only after the slight pressure on its walls has excited

within a plastic exudation which agglutinates them. Exposure of an opened vein to a pyogenic surface is in this way with certainty avoided.

The pressure made on the vein by pulling the ends of the wire is secured by twisting them. This may be done by means of the fingers, forceps, or the wire twister. A simple form of the latter instrument, which I prefer, being easily placed on the wires without threading through holes, as in the form of instrument generally used, is herewith represented.



Wire Twister.

The wire is finally cut off, leaving an inch or more, which is laid flat upon the skin; the place of operation is covered with a small piece of adhesive or isinglass plaster, and a roller bandage envelopes the limb up to the knee. If an ulcer exists on the limb, it is to be simply covered, previously to the application of the bandage, with several thicknesses of dry lint.

The patient rests horizontally, without disturbance of the dressing, for ten or twelve days. After this time all dressing is removed, and traction is daily made on the wires to accelerate their removal. But little more confinement of the patient is usually requisite. Decided relief from swelling of the varices is experienced, and he is frequently able to walk about with comfort long before the wires are removed. In one of my cases, a laborer had two wires remain in his leg for eight weeks, during the latter part of which time he continued his occupation with but little inconvenience; in another case the ligatures, six in number, were all spontaneously removed on the fourteenth day.

On removal of the bandage on the leg, the ulcer, if dependent on the varicose condition, usually seems to be really dried up, and cicatrizing rapidly follows.

The satisfactory progress of the cases in which I have performed this operation induces me to advise a recourse to it as the usual resort in this much neglected affection. As to the question of operation, and choice of cases for it, I would say operate in all cases where the varices are painful or where ulcers are produced or are kept up by them.

It has been objected to any operation for the obliteration of varicose veins that, closing one trunk is liable to produce dilatation in a collateral branch, or merely transfers the affection

to the deeper veins. Should the former occur, as it sometimes does, the simple repetition of the operation ensures a final success. The latter affection is unknown to me, for I look upon varix of the leg as practically a disease of the saphena vein and its branches, caused usually by atony of the venous walls allowing them to yield under the gravity of a column of blood; or to the engorgement caused by violent muscular contraction suddenly pressing the blood from the deep-seated veins into the unsupported superficial veins; or occasionally to mechanical impediments to the returning circulation, as constriction at the saphenous opening, pressure of tumors, etc.

The number of cases to which my experience has been limited, is, I am aware, not great enough to prove the invariable efficiency of the operation, or to establish its absolute immunity from danger, but these cases have illustrated to me very decidedly the superiority of the metallic ligature over any other material, and have convinced me that its application to this purpose will entitle the operation of ligation of varices of the leg to a more favorable consideration than it has hitherto received.

### Cases in Aural Surgery.

By Laurence Turnbull, M. D.,

Aural Surgeon to the Howard Hospital.

DEAFNESS FROM THICKENING OF THE MEMBRANA TYMPANI, AND DISEASE OF THE EUSTACHIAN TUBE.

On September 14th, 1860, D. F. G—, a gentleman from Georgia, applied to me for relief of deafness, from which he has suffered during the last five or six years. Numerous local applications had been resorted to, various kinds of oil, etc., been dropped into the ear, without, however, producing much benefit. He had been, for a time, under the care of a traveling aurist, who, he stated, applied counter-irritation over the mastoid process, and dropped some liquid in his ear; but this also had not resulted in any amelioration of the difficulty.

*History and Etiology.*—About five years ago, the patient had a fish-pond constructed, to which he resorted every morning for the purpose of bathing, plunging himself into the water head-foremost. The first disagreeable sensation, after continuing this practice for some time, was, when in his capacity as post-

master, he rumpled papers. The sensation was as if his teeth were "set on edge," by some disagreeable friction-sound in the paper. This remained for some time, but gradually diminished, and in its place he had a constant singing noise. He applied to his regular physician, who gave him some application to his ear, which, however, did him no good, and he found every slight cold increasing his distress.

*Present Symptoms.*—The patient is able to hear conversation in a clear, loud, distinct voice, well. Low notes of music, and even the chirp of a cricket, he says, he is able to hear; but general conversation in a room he cannot enjoy. When riding in a buggy, or in the cars, he can hear conversation better, which is accounted for by the elevation of voice necessary to overcome the noise when riding.

On examining his ears by the speculum, I find them to be filled with oiled cotton; secretion scanty; but the mucous membrane presents a natural appearance. The membrana tympani is thickened and opaque; the outline of the malleus can be seen. Both Eustachian tubes are thickened, and admit air but imperfectly.

The prognosis is unfavorable.

*Treatment.*—Free dilatation of the Eustachian tubes by means of bougies or sondes, or the air douche. Apply to the membrana tympani a solution of nitrate of silver, gr. ii, to glycerine,  $\mathfrak{z}$ i, every third day. Internally he is to use granules of bichloride of mercury, 1-12th of a grain once a day. When last heard from, the noise in the ears was less, and the hearing had improved.

#### RASPBERRY POLYPUS—DEFECTIVE HEARING.

On September 22, 1860, E. M. C., aged about 20, a pupil of the University of Pennsylvania, brought a letter of introduction from his uncle, a distinguished physician, of Montgomery County, Pa., stating that his nephew was somewhat defective in hearing, and requesting me to take him in charge. He had removed a small polypus from one of his ears about a year ago, and afterward had applied blisters and nitrate of silver.

On testing his hearing, it was found that he could not hear the ticking of a watch, until closely pressed against the ear. He suffered from a disagreeable discharge, and at times had considerable pain. There was no obvious thickening of the Eustachian tubes, nor were they filled with mucous secretions.

On careful inspection, by bright sunlight, through a silver speculum, the whole of the epithelial coating of the meatus on the affected side was found to be removed, and the ear filled with flakes of mucus mixed with yellow pus. After removing this carefully, a polypus was found covering the membrana tympani entirely and filling up one-half of the meatus; it was soft, and as the parts were in a highly irritable condition, I directed a mild astringent wash, and requested him to return on the 25th for the removal of the morbid growth.

After cleansing out the ear, and drying it with cotton wool, I introduced a speculum down to the polypus, and taking a small piece of *potassa cum calce*, the patient holding the speculum in place and straightening the meatus, I carefully touched the surface only of the polypus with the caustic. At first there was no pain; the color of the polypus changed immediately from a bright red to an almost livid hue and shrinking. After a few minutes, pain came on, which yielded, however, to injections of tepid water thrown in, in a full stream.

There was a sense of giddiness produced. This I had noticed before, and in one case it was accompanied with cough, and even pain. It is accounted for by the pressure of the polypus upon the membrana tympani and the chain of small bones, causing a movement of tension in the cavity of the vestibule, and this upon the auditory nerve, which in turn reflects upon the brain.

Oct. 11. Discharge less, diminished one-half; renewed the application, and directed liquor plumbi sub-acet. half a teaspoonful to be dropped into the ear, after being carefully washed out.

Oct. 17th. Polypus almost gone; discharge still less; continue the treatment.

#### CASE OF DEAFNESS FROM MUCOUS ACCUMULATION IN THE EUSTACHIAN TUBE.

Robert W., aged 62, foreman of a cotton factory, receiver and giver out of work, gives the following history of his case:

He first felt his left ear affected after a very cold term last winter, (1859,) a door opening right upon his ear, and ever since, he has had a humming sound, like that of a saw or planing mill, in that ear. On advice of his physician, he did nothing to the ear until warm weather set in, when the former syringed both ears. Nothing, however, was brought away, and his difficulty became worse. The patient was then

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advised by some one to use sweet oil (3ss.) with sassafras oil (5 drops) in his ear. This he did, but without obtaining relief. He next tried sweet oil and laudanum, then a solution of creasote, and lastly sulphuric ether, having seen a notice of the wonderful powers of the latter in one of the papers, all without avail.\*

When I saw him there was no pain. The hearing distance of the right ear was two feet; of the left only two inches. The external meatus normal; membrana tympani slightly opaque, of natural form; the handle of the malleus is readily seen. The meatus is very narrow, requiring the smallest speculum, and even that pressed down. The Eustachian tube is found filled with mucosities. On shutting the nose and mouth and making the effort to swallow, but little air is found to strike upon the membrana tympani in the middle ear.

*Prognosis*, favorable; but the case will require much more time for a permanent cure than it would, had it been taken hold of at once in the acute stage, which the physician, who saw the patient first, neglected to do.

*Treatment*.—One-twelfth of a grain of the bichloride of mercury twice a day; counter-irritation over the Eustachian tube, and dilatation of the same; with some astringent gargle. For the slight opacity of the tympanum, a few drops of a solution of nitrate of silver, 1 grain to the ounce of glycerine, to be used, and the patient directed to take snuff occasionally.

#### On the Use of Mullein (*Verbascum Thapsus*) in Chronic Bronchitis.

By H. WILSON, M. D.,

Of Boonsboro', Maryland.

Chronic bronchitis is universally admitted to be one of the most obstinate and difficult affections with which physicians have to deal. This difficulty proceeds more from the locality than the nature of the disease; more from a want of access to the mucous membrane of the bronchiae, than the absence of proper remedies to control the affection. Counter-irritation and the inhalation of chlorine, iodine, and expectorants, with such like means, have been used for centuries, but all physicians know, from experience, that the benefits derived from their use are, merely temporary and palliative, and seldom bring about a radical cure; still they are the best remedies which we have at com-

mand, and it is but right that we should avail ourselves of their medicinal virtues. The long-standing inflammation of the lining membrane of the bronchiae seems to demand the contact and application of some powerful agent, in order to produce a new impression, and thereby change the morbid action of the part, before a healthy reaction ensues.

The successful introduction of the probang, armed with a sponge and nitrate of silver, as employed by Dr. Horace Green, of New York, into the larynx and trachea, has been a great triumph for American science, and peculiarly adapted to accomplish the desired result. By this means he has been enabled to apply cauterization to the diseased mucous membrane of the bronchiae, and in a short time to destroy all traces of morbid inflammation. But how few are there who can do what Dr. Green has accomplished? The precise knowledge of anatomy and skillful manipulation of the probang, which are required to introduce that instrument through such a narrow opening as the rima glottidis, will induce most surgeons to pause before the attempt is made. If such men as Professors Erichsen and Trousseau, with Dr. Marshall Hall, and other eminent European surgeons, declared that its introduction was an impossibility, without producing death, it can scarcely be expected that physicians and surgeons, who have little opportunity of experimenting on the living or dead subject, would undertake such a delicate operation. It is, therefore, of little practical benefit to the majority of surgeons.

The frequency with which bronchitis is met among clergymen and others, renders the discovery and use of any means which may be serviceable, either as palliative or curative, a matter of importance. For several years past I have been in the habit of using a remedy, which may not be new, but which far surpasses that of any other which I have tried in relieving and, in many instances, entirely eradicating the affection. I refer to the leaves of the common mullein, (*verbascum thapsus*), dried, and smoked in a pipe. In that form of the disease in which there is dryness of the trachea, with a constant desire to clear the throat, attended with little expectoration and considerable pain in the part affected, the mullein, smoked through a pipe, acts like a charm and affords instant relief. It seems to act as an anodyne in allaying irritation, while it promotes expectoration and removes that glutinous mucons which ga-

\* I have used ether of late repeatedly in cases of deafness, but without any apparent effect.

thers in the larynx; and, at the same time, by some unknown power, completely changes the character of the disease, and, if persevered in, will produce a radical cure.

In no respect are its beneficial effects more striking than in its power of immediately allaying the incessant desire of "clearing the throat," which is a source of constant annoyance to the patient, and which is so apt to disturb his rest at night. The remedy needs but to be tried to prove its efficacy.

I will give two or three cases in point. A few months ago, the Rev. Mr. S., a minister, who had been preaching regularly for several years, came to my office and told me that he intended shortly to discontinue his vocation, as he found it impossible to preach in consequence of a sore throat. He said he had been suffering for several years, and now found his health growing rapidly worse. He regretted the necessity very much, for many reasons. I examined his case, and found he had chronic bronchitis. He told me he had been constantly under medical advice, and had tried everything, but nothing had done him any good, and now he had become quite discouraged. I recommended to him the mullein, which he promised to give a faithful trial. In two months from that time he returned to me, looking the picture of health, and in fine spirits, and told me he felt himself entirely relieved. He said money could not induce him to part with the remedy. Wherever he goes he carries his pipe, though he has had no return of the disease.

Shortly after this case, I had that of a young lady, who had been suffering for two or three years. She had been under the care of an excellent physician. In addition to the inflammation of the bronchiæ, which seemed inclined to extend to the lungs, her larynx and pharynx gave evidence of considerable inflammation. She also was annoyed with a constant hacking cough and a desire to clear her throat. The usual remedies had been tried in her case, but without any beneficial effect. In two weeks' time, by means of her pipe and the mullein, she experienced wonderful relief, and is now, to all appearances, convalescent. Her fears have been allayed and her health restored.

I, myself, for ten years, was a sufferer from chronic bronchitis. Every evening I became hoarse, and experienced great pain, dryness of the trachea, and a constant desire to clear my throat, which, in doing, not only disturbed my

own slumbers but that of others. I tried cauterization of the pharynx as low down as possible with argenti nitras, counter-irritation, expectorants, and inhalation, but all to no purpose; finally, I commenced the use of the mullein, and nothing could have been more speedy and efficient in affording relief. I would recommend its trial as the best means of testing its virtues.

The mullein may be gathered from almost any field at all seasons, and should be first dried, and the leaves smoked in a pipe like tobacco, at least two or three times a day. It is not unpleasant, and, unlike tobacco, requires almost constant smoking or drawing, or the fire will go out.

The remedy is simple and harmless, but potent. It is one of those means which nature has so bountifully supplied, which are within the reach of all, and is but an evidence that we need not resort to chemical combination for all our most valuable remedial agents; but, if we look around, we may find them at hand, ready for application.

### Imperfect Development of the Cranium of a Fœtus.

By G. M. STAPLE, M. D.

Of Dubuque, Iowa.

On the morning of the 30th of October last I was called to attend Mrs. D. in her second confinement. The os was fully dilated, and the unruptured membrane, at each pain, descended quite to the perineum. During the absence of the pains my finger detected, in place of the cranial bones, a soft pulpy mass, apparently of exquisite sensibility, as the fœtus would, at each touch, bound away with sufficient force to make the mother cry out. At a loss to determine the condition of things, I immediately ruptured the membranes, and then only after a patient examination could I satisfy myself that the head presented. In thirty minutes my patient was delivered of a living female child, presenting the following peculiarities:

There was an entire absence of the parietal and frontal bones, as far forward as the superciliary ridges. The deficiency extended downward, between the ridges, to the nasal bones.

The antero-posterior diameter of this abnormal fontanelle was three and one-half inches, measuring from the inner table, and its transverse two and five-eighths. The integuments terminated abruptly at the edge of the cranial bones, as did, also, the duramater and arach-

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noid, leaving the pia mater as the only covering of the cerebrum. This membrane was ruptured posteriorly during delivery, and about an ounce of blood lost.

The child was, in every other respect, well developed, and weighed eight pounds. It lived 77 hours, during which time respiration was performed with about half the usual frequency, and deglutition occasioned considerable difficulty.

The mother, a stout, hard-working woman, had, as is usual, an explanation for the phenomena in the shock she experienced from witnessing the execution of a criminal a few months previously.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

#### TWO CASES OF PNEUMONIA COMPLICATED WITH TUBERCULOSIS.

*Case 1.* The first patient suffering from these diseases is a man, about 25 years of age, who entered the hospital nine days ago.

Though not well marked, his physiognomy presents the appearance of a man suffering from pneumonia. The nostrils are dilated, and there is a slight flush upon both cheeks—less marked, however, than ordinarily in pneumonia, because the patient is anæmic. The patient breathes with his mouth open, a condition frequently found in cases of difficult respiration from various causes. There is a dull, heavy appearance of the eye.

The patient has had very little cough, except when the trachea became irritated from the accumulation of bronchial secretions. There has been little or no expectoration. The brain is not affected; there has been no delirium, no headache, no epistaxis.

The pulse is frequent—115 per minute; the patient is free from pain, as is the case in many cases of pneumonia. The respiration is from 30 to 40 in a minute. The frequency of respiration in pneumonia depends chiefly upon the extent of diseased lung.

*Physical Examination.*—There is dulness on the right side, more marked over the middle and upper portion of the lung. There is rude respiration at the upper part, and subcrepitant râles toward the middle. Yesterday the râles were finer. On the left side there is a trace of rude respiration. In front, the rude respira-

tion is more marked and connected with subcrepitant rônchus.

There is, on percussion, some dulness on the right side. The patient has lost flesh for some time back, and is quite anæmic. All these are very suspicious indications, leading to the inference that, beside the pneumonia, the patient has tubercular disease.

*Treatment.*—If it were our object to kill this patient, we would bleed him. It is one of the most important points in the treatment of pneumonia to know when we are not to bleed. Venesection should never be resorted to when the patient is feeble, and when the disease has progressed several days. An ordinary pneumonia gets well of itself in ten to fourteen days. Now, it would be absurd to take blood from the arm of a patient on the eighth or ninth day, when the physical signs are already beginning to ameliorate, as in this instance; we would thereby only weaken the patient and render convalescence slower. On the contrary, we must give this patient tonics and stimulants. One of the best articles of the latter class—indeed, the best stimulating expectorant in the asthenic form of pneumonia, whether primary or secondary—is carbonate of ammonia. Of this the patient may take five grains every two hours. If the remedy should produce vomiting or gastric irritation, the dose must be diminished, or the remedy be omitted entirely.

Besides this, the patient is to take wine-whey and beef-essence.

*Case 2.* The second case of pneumonia—also a young man not yet thirty years of age—is still more markedly connected with tubercular disease.

The patient has had a severe cough, with considerable expectoration, for eight months, and during that time has considerably emaciated.

Eleven days ago he was taken with the acute attack, from which he is at present suffering. Since then he has had much cough, some pain, and considerable difficulty of respiration. His nostrils are dilated; his cheeks are flushed. The flush of pneumonia must be distinguished from the hectic flush of phthisis. In the latter, it is of a bright red; while that of pneumonia, as in this patient, is of a dark purplish or mahogany hue.

The patient has had the rusty expectoration, ropy, thick, tenacious, characteristic of pneumonia. It has, however, been more abundant than in pneumonia, on account of the tubercular deposit in the lungs, which is probably undergoing the process of softening.

His pulse is moderate, 82 in a minute, and has lost all its febrile character. There is a slight exacerbation at night.

On auscultation, we find, in the lower lobe of the left lung, strong subcrepitant ronchus—less so, however, than a few days ago; it is becoming ruder.

The upper portion of the lung yields the same auscultatory signs, but the ronchus is larger.

There are no signs of pneumonia whatever in the right lung; but there is complete flatness or percussion over the upper part of the chest. This is the more significant, because it is on the right side. There is often a slight shade of dullness over the left side, owing to the position of the heart, which is quite natural, and it is frequently very difficult to tell, in cases of incipient phthisis, whether this dullness belongs to the natural condition, or is owing to tubercular deposit. But when the dullness occurs on the right side, and so well marked as in the present case, it is always a grave sign.

The patient, after entering the hospital, was at first placed upon spiritus Mindereri and wine whey; a few ounces of blood were abstracted by cups applied over the chest. After having passed through the acute attack, this patient, like the former, is to be put on a generous diet and tonic and slightly stimulating treatment.

#### PHILADELPHIA HOSPITAL.

Reported by N. G. Black, of N. C.

MEDICAL WARDS.

Service of Dr. J. L. Ludlow.

#### ENORMOUS ENLARGEMENT OF THE LIVER IN A YOUNG GIRL.

J. McK. was born in Glasgow, Scotland, the 10th of December, 1838. Her father died four years ago, in his 67th year, of cancer of the breast, as she claims to have been told by the physician who attended him. Her mother has always been healthy, with the exception of an habitual hacking cough.

The patient states to have grown up healthy and robust to the age of 12. About this time her family emigrated to Canada; and soon after her arrival she took a severe cold, that gradually degenerated into a chronic pulmonary affection, and made an invalid of her ever since. In her fifteenth or sixteenth year, she and her family experienced much trouble, which aggravated very much her ailment. She removed to Cleveland, Ohio; but, after eight months' residence there, her friends seeing that she was growing worse, advised her to come to Philadelphia. Once here, and unable to provide for her comfort and medical assistance, her friends advised her to go to the Pennsylvania Hospital, where she was admitted a year ago last June;

where, she says, she had been six months under the care of Drs. Gerhard, Meigs, and others.

The 5th of January, 1860, she was admitted into the medical wards of the Philadelphia Hospital; and sixteen days after sent to the outwards, very much relieved of her cough. This cough, she says, ceased completely, two or three months after.

On the 5th of May last, she was sent again to the medical wards suffering from a very severe attack of jaundice. Then, for the first time, she felt a dull, heavy pain in the region of the liver, and ever since, this viscus has kept steadily increasing in size, and vitiating her system, in spite of all the efforts that Drs. Da Costa, Judson, and Ludlow, (successively attending her,) have made to check it.

She now presents a very painful but interesting subject of study to the medical student; her appearance that of a woman ten or twelve years older, greatly emaciated, with jaundiced face and eyes; dry tongue; lower limbs always more or less swollen, and sometimes painful. The liver is *four or five* times the normal size, extending above to the ensiform process of the sternum, which it makes protrude through the skin by its pressure; below, to within a quarter of an inch of the umbilicus; to the left, in front, to the region of the spleen; behind to the spinal column. Over this space, as well as over the chest, the skin is exceedingly tense; and the patient suffers very much from any motion.

Her sleep is very much interrupted, and her catamenial functions have ceased since she was attacked with jaundice. Her bowels are regular.

#### SURGICAL WARDS.

Service of Dr. D. Hayes Agnew.

#### OPERATION FOR THE RADICAL CURE OF OBLIQUE INGUINAL HERNIA.

In the radical cure of hernia, all the methods devised have had in view the accomplishment of the same end, namely, the closure of the inguinal canal by adhesive inflammation; to this end were directed the processes of Bonnet, Gerdy, Velpeau, Wurtzer, etc. The method employed by the latter has been considered by some surgeons the most effectual; but in his hands, Dr. Agnew remarks, it has failed to offer a permanent obstacle to the reproduction of the disease. He had, after some thought, constructed an instrument the application and the principle of which, he hoped, might prove more advantageous. It consists of two semi-cylinders of metal three and a half inches in

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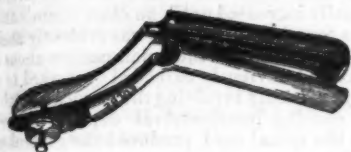
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length, on the upper surface of the under one of which, on either side, is a grooved director. These semi-cylinders can be separated from each other by a screw passing through the handles. See Fig. 1.

Fig. 1.



In addition, there is required a long spear-pointed needle, supported on a good bone handle, curved at the end, with an eye, and having a small bulb or swell on the shank, situated as far from the point as is equal to the length of the cylinders. See Fig. 2.

Fig. 2.



*Application of the Instrument.*—The patient, a German, 55 years of age, with an oblique inguinal hernia of seven years' standing, after having been prepared for the operation by opening his bowels freely on the day previous, was placed upon a table and etherized. A portion of the upper part of the scrotum being pushed by the finger into the external abdominal ring, was followed by the instrument, the blades being closed and passed up along the canal until the point could be felt through the abdominal parietes, near the internal ring. The screw on the handle being now run down, the blades were separated from each other, and the needle, armed with a silver ligature, passed along the groove on one side and brought out through the walls of the abdomen at the upper end of the instrument. The wire was then removed from the eye of the needle and the latter withdrawn, threaded with the other end of the same wire, and then carried along the other groove of the instrument and made to transfix all the structures between the canal and the surface, coming out a short distance from the first. The needle being unthreaded and removed, the two ends of the wire were drawn and twisted together over a small roll of lint. The object thus far has been to retain this plug of integument in the inguinal canal. Fig. 3 will convey an idea of the relation of parts and the position of the silver wire, such as would be seen were the instrument and anterior wall of the canal removed.

The next step consists in taking several needles, armed, some with silk, and others with wire, and

passing them across the canal between the blades of the instrument, thus avoiding the cord which will be behind the posterior blade, and also ensure the lodging of the plug in the canal,

Fig. 3.



Fig. 4.



and not external to the tendon of the external oblique muscle. The first transverse ligatures should be near the internal ring, and others at short intervals as low as the external ring. The instrument is now withdrawn, and Fig. 4 may be supposed to convey an idea of the appearance of the parts.

A compress is next laid over the part, and confined by a bandage applied with a moderate degree of firmness; or a truss might be employed for the same purpose, the object being to produce adhesive inflammation. The transverse ligatures must be carefully watched, and removed one at a time, so as to maintain the adhesive inflammatory action and prevent the formation of pus. Here the judgment of the surgeon must guide him.

The result of this case will be given, and further comment from the doctor on the subject.

#### FALSE JOINT, OR PSEUDARTHROSIS OF THE HUMERUS.

*Remarks—Varieties.*—The ends of the fracture may become rounded off and encrusted by a fibro-cartilaginous substance. 2. The ends may become connected by fibrous or fibro-cartilage. 3. The end of one fragment may become rounded and the other hollowed out into a cup-shaped cavity, surrounded by something resembling a capsular ligament, and lined by an imperfect synovial membrane.

*Causes* may be various, either local or constitutional. Under the former head may be enumerated too frequent or badly applied dressings; under the latter, organic disease, feeble constitution, defect in the constitution of the blood, etc. We should not conclude too soon that a fractured bone will not unite, because the union may be only delayed.

*Treatment.*—Different plans have been suggested—blistering by Dr. Hartshorne, seton by Physic, pegs by Dieffenbach, drilling by Brainard, apparatus of Prof. Smith, of University of Pennsylvania, resection of the ends of the bone, electricity, galvanism, etc.

The patient upon whom the operation was performed was a man 34 years of age, who had the

humerus fractured about two inches above the elbow joint two years ago, and from some cause or other, most likely bad treatment, it has not united, forming in this case the third variety given above.

*Operation.*—First denuded subcutaneously the ends of the bone, then drilled several holes in different directions, and finally a hole in each fragment, with a drill armed with a canula. Removing the drill and leaving the canula, a small quantity of tinct. of iodine was injected into the holes of the bone, after which the canula was withdrawn. The arm was then placed in an angular splint, moulded to the limb.

## UNIVERSITY OF PENNSYLVANIA.

### MEDICAL DEPARTMENT.

Service of Prof. Pepper.

#### PARALYSIS AFTER SCARLATINA; SEQUELÆ OF SCARLATINA.

The patient is a little child, three years of age, who had scarlatina in April last. About this there can be no doubt, as the physician, who then attended the child, pronounced it scarlatina, and from the description of the rash, which the mother gives, it can hardly have been anything else. The child had not much fever accompanying the disease.

The child was kept in the house for three months, except once, about six days after desquamation, when the little boy was injudiciously allowed to go in the yard. The patient had little or no sore throat.

Three weeks after the scarlatina, some dropsy came on, which persisted some time.

Two months after the first attack the child lost the power of motion of the whole of the right side. It has, however, gradually recovered, but still is unable to use the right arm with any degree of vigor, and in walking drags the limb of that side in the manner, characteristic of paralysis.

There are several points of interest connected with this case.

*First.* It teaches the great importance of keeping patients, attacked with scarlatina, in the house, and carefully guarding them against the changes of temperature and weather for a considerable time after desquamation; three weeks is the shortest period, and in spring and fall, especially in months so changeable as April, it should be much longer.

One of the chief causes of dropsy following scarlatina is congestion of the kidneys, accompanied by albuminuria, the result, often, of untimely exposure.

A second point of interest is presented by the palsied condition of the patient. I have seen two or three cases of paralysis following scarlatina, in one of which there was hemiplegia; in the other general loss of motion and sensibility.

The latter case was that of a little boy, in whom the scarlatina had been accompanied by excessive sore throat. The loss of motory power was sufficient, in his case, to affect the sphincters, which were imperfectly contracted. The back of the neck had commenced to swell much, soon after the attack, and the swelling gradually increased until, on close examination, it was found that the neck was evidently anecllosed. In this case the inflammation about the throat had obviously extended backward to the pharynx, finally involving the cervical vertebra, and causing intervertebral deposit, pressing upon the spinal cord, produced the general paralysis.

But in the case before us it does not appear that the disease has been of the anginous variety, or that, indeed, there has been sore throat to any extent. Beside, there was too considerable a period between the attack of scarlatina and the occurrence of the paralysis to favor the assumption that this case is analogous to the one referred to. We must, hence, look to some other cause.

The mother states that the paralysis came on suddenly, and was ushered in by a convulsion. This leads us to suspect that the cause of the paralysis is situated in the brain, although, of course, it is impossible to say what is the precise anatomical lesion.

In cases of renal dropsy, accompanied by albuminuria, the excretion of the urea from the blood is generally more or less interfered with, and we have the condition induced, known as uræmia, the most prominent symptoms of which are dilatation of the pupils, stupor, convulsions, and death.

Uræmic poisoning is most apt to affect the brain, and as the patient has had dropsy, and soon after convulsions, which ushered in the paralysis, it is very probable that the latter has been caused by some pathological change in the meninges of the brain, or the brain itself; effusion perhaps of plastic material or serum. But, as already stated, it is impossible for any one to know the exact pathological changes.

The prognosis is not so unfavorable as might at first sight appear. The recuperative powers of nature in a child at this age are so great that the difficulty may be measurably removed, and it is upon these that we must chiefly rely. In a therapeutical point of view, very little can be done. To aid in the absorption of any effusion that may exist, a half a grain of iodide of potassium, three times a day may be given, and mild counterirritation be applied to the neck.

#### PLEURO-PNEUMONIA IN A BOY THIRTEEN YEARS OF AGE—RESULTS.

The patient presented himself at the clinic with substantially the following history:

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taken with a "bad cold;" he had fever, went to bed; had pain in the right side; a great deal of cough, with considerable expectoration, of a pinkish, brick-dust color. He recovered from this attack. There has been occasionally more or less cough, and he now expectorates about a wineglassful of white matter.

*Present Condition.*—He spits blood occasionally; is as stout as before, apparently, but the muscles are rather flaccid. He has dyspnoea when he exerts himself.

On measuring the chest there is a difference of nearly an inch and a half between the two sides; the right side being the smaller. There is, on percussion, a great deal of flatness and resistance on the right side, which is contracted, while the left is preternaturally bulging. The right shoulder hangs.

The patient then has evidently a pleurisy of two years standing; but besides this he must have had pneumonia, as he had much fever and bloody expectoration. There is now extensive effusion in the right thoracic cavity, with adhesions and thickening of the pleura.

The extensive contraction of the chest, falling of the shoulder, etc., as a consequence of pleurisy, occurs with less frequency in grown people than in young persons, because in the former the parts, ribs, etc., are less yielding; but from the same reason it is easier removed in children than in adults.

Auscultation yields a little bronchial respiration at the upper part of the right lung, somewhat blowing, but there are no signs of a cavity.

The patient has occasionally expectorated blood ever since the attack of pleuropneumonia. It may be that he has had an abscess, not tubercular, but an abscess accompanying or following the pneumonia. Although it has often been denied that inflammation of the lungs ever resulted in suppuration or abscess of the lungs, recent observations have shown that abscesses may occur with pneumonia. Graves and Stokes have reported such cases, and I have seen them myself; in one of which at least one-half of the affected lung suppurred away.

The treatment in this case must be building up. Tonics and nutritious food are indicated. He is to take 8 drops of the syrup of the iodide of iron three times a day in a tablespoonful of water, an hour after meals.

It is scarcely necessary to remark that the left lung shows on percussion and auscultation decided supplementary action. There is exaggerated puerile respiration.

The prognosis must be considered favorable, as there is no tubercular disease.

## JEFFERSON MEDICAL COLLEGE.

Service of Prof. Gross.

Reported by N. G. Hallock, of N. C.

### POPLITEAL ANEURISM—DIGITAL COMPRESSION—LIGATION.

The patient is a negro man, 38 years of age, a barber. Nearly two years ago he discovered a small pulsating lump or tumor in the region above named. It excited but little notice at first. At length, however, it became larger, mechanically causing flexion of the leg, and was also the seat of much pain. Two weeks since he entered the hospital of the College for treatment.

Digital compression was kept up for four and a half days without cessation, and the patient was given acetate of lead, opium, and veratrum.

The compression was at the femoral artery, where it passes over the pubic bone. The patient being somewhat exhausted by the compression, although it was progressing favorably, (for the tumor had decreased very much in size and was much denser,) the compression was discontinued. For the relief of the aneurism, Prof. Gross ligated the femoral artery about 4½ inches below Poupart's ligament, just at the point where the sartorius muscle crosses the artery. The incision was made about three inches in length. The patient being fat, it was made long to allow for access to the vessel. After reaching the artery and clearing it of the vein and nerves, an aneurismal needle, armed with a ligature, was passed under from within outwards. It was then firmly and carefully tied. The patient was ordered a good diet.

### POTT'S DISEASE OF THE SPINE.

The patient is a boy, five years of age; he has been suffering for six months with disease of the dorsal region of the spine, producing a slight curvature backwards. This disease generally occurs in persons of a scrofulous or strumous diathesis. If the patient be allowed to walk about or keep in the erect posture, the curve would become much greater, so as to produce what is commonly called pigeon breast. To prevent this the patient was ordered to be kept in the recumbent posture and use the iodide of potassium, and occasionally mercury. The diet was ordered to be well regulated. The actual cautery was applied to the diseased part, after which cold water dressing.

## NEW YORK HOSPITAL AND CLINICAL REPORTS.

## MERCURY IN PRIMARY SYPHILIS.

Dr. James R. Wood, of Bellevue Hospital, a few days ago, after a very interesting and exhausting lecture upon ununited fracture, and an operation upon a case in point, exhibited to his class a most interesting case. It was that of a young girl, sixteen years old, a victim of hereditary syphilis, and a most pitiable spectacle. At the age of nine months her uvula and part of the soft palate had ulcerated away. Soon followed the loss, in part, of the superior maxillary bones. Soon, again, melted down the vomer, turbinated bones, the cartilages of the nose; and a great part of the nasal bones. At the time of her exhibition to the class, her legs, arms, and face were covered, more or less, with syphilitic rupia. She had partial ankylosis of one elbow, and the "corona Veneris," with marked eburnation of the os frontis. She was gradually improving under the treatment indicated in such cases. In the course of his remarks upon this case, Dr. Wood stated that he *knew* the mercurial treatment to be the only one in any degree safe in primary syphilis: and that he felt bound to say that, in his opinion, the physician who treated it without mercury, in the absence of some special contraindication to its use, was deserving of censure. Now all this is diametrically opposed to what I know is inculcated in one, at least, of the best schools of medicine in this or any other land. "Who shall decide when doctors disagree" so utterly, and upon so important a point?

## LEPROSY, SYPHILIS, AND STRUMA.

Apropos to the above, the venerable and distinguished Dr. Valentine Mott, of the University Medical College, made lately, in one of his admirable clinical lectures, what to me was a striking and novel statement. It was to this effect: that to his mind the conviction was irresistible that leprosy was the great progenitor of both syphilis and struma; that they were all three essentially the same disease. His conviction, he stated, was founded upon extensive observations which he had been enabled to make upon leprosy in its various phases, while traveling in the East. The analogy between leprosy and syphilitic sore throats and skin diseases he instanced as being particularly striking and complete. He did not enter at large into the subject, but threw out these remarks merely in a suggestive way.

The question, on this point, is an interesting one in a scientific light, and the expression of an opinion by so high authority must necessarily carry much weight with it. Cannot some

one else, competent from observation, experience, and talent, who has given attention to the subject, let us have the result of his thought and research upon this point?

## IDIOPATHIC TETANUS—FAILURE OF QUININE—GOOD EFFECTS OF STIMULATION.

There is now in one of the wards of Bellevue Hospital, under the supervision of Prof. Alonzo Clark, a case of successfully treated idiopathic tetanus. The case has been quite well marked, there having been present both trismus and moderate opisthotonos. The patient, who is a young man about twenty-three years old, was put first on the use of quinine in five grain doses every hour. This treatment was continued for thirty-six hours, at the expiration of which period no improvement having ensued, but, on the contrary, the patient having become worse, he was put upon the free exhibition of whisky. Improvement immediately followed. Whisky was for some reason dropped, and opium exhibited in large doses. The disease having immediately thereupon become again more threatening, recourse was again had to whisky, twenty ounces being given per diem, together with moderate doses of opium. This treatment was persisted in with marked benefit. The patient is now convalescent, the whisky having been obviously the main instrumentality in effecting this result. The quinine treatment had, in this case, a fair trial, and failed totally. Surely, if there be any specific virtue in quinine in cases of tetanus, its exhibition at the rate of a hundred and twenty grains in twenty-four hours, ought to develop some of it. King Alcohol appears to reign supreme in these cases.

## INTERESTING POST-MORTEM EXAMINATION AFTER CÆSARIAN SECTION.

I witnessed the other day a post-mortem examination of more than ordinary interest. It was that of a woman who had had the operation of Cæsarian section performed on her five days before by Dr. Fordyce Barker, of Bellevue Hospital. The operation was performed privately, at the hospital, very skillfully it is said. The child was saved, and for some time the mother appeared to be in a fair way of recovery. She was kept under the influence of morphia to the degree just short of narcotism, in order to avoid peritonitis, and given beef tea and brandy. Vomiting was at one period troublesome, but was arrested by adding dilute nitric acid to the beef tea. Dr. Barker remarked, *en passant*, that dilute nitric acid often acted admirably when the stomach had become intolerant from exhaustion. She appeared to be doing well up to the night before she died, when

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she began to sink, without any marked symptoms save those of a typhoid character. She died on the fourth day after the operation. This was her fourth pregnancy. On the occasion of her first accouchement, ten years ago, the labor was difficult, but the child was born alive *per vias naturales*. On the occasions of the next two, the medical attendants were compelled to resort to perforation and evisceration. Toward the close of this, the fourth pregnancy, the attempt was made to save both mother and child by *Cesariotomy*. She was perfectly intelligent to the last, and complained very little of pain.

The examination was made about twenty-five hours after death. The abdomen was greatly distended, and upon opening it, much foetid gas escaped, and the walls collapsed. There did not appear to be the slightest attempt at union in the incision which had been made in the abdominal walls. The intestines were very tympanic. To the right of the median line the peritoneum of the intestines had become adherent to that of the abdominal parietes. These adhesions reached from about an inch above the symphysis pubis to the level of the umbilicus, and were longitudinal, forming a band about an inch in width. The intestines were injected, and covered with lymph.

A very small quantity of pus was found to the right of the bottom of the incision. The omentum was found adherent to the longitudinal band described. The abdomen was remarkably free from fluid; only two or three ounces being present in the peritoneal cavity. The sigmoid flexure of the colon was found with its opposing surfaces bound together by lymph, inclosing, in some spots, a very small quantity of purulent matter.

Upon removal of the intestines and bringing the uterus into view, its volume was found to be about that of the foetal head, its shape irregular, and its fundus on the right, with the long axis passing thence across the abdomen to the left. It was partially adherent anteriorly to the abdominal walls. For a radius of about an inch and a half around the uterine incision, the tissues of the uterus presented a gangrenous appearance, without, however, the characteristic odor of gangrene. On raising the uterus up, no adhesions were found on the posterior region, which was, however, covered with lymph. On tearing away the adhesions of the uterus to the abdominal walls, and cutting through the round ligaments, the full extent of the uterine opening could be distinctly seen; there seemed to have been no effort whatever made at closure.

The linea ilio-pectinea presented no abnormal sharpness nor bony growths. The cause of all the woman's trouble was found in the shape of an osseous tumor situated in the concavity of the sacrum, involving its breadth, and extending from about the second bone to the os coccygis. The symphysis pubis encroached some-

what upon the antero-posterior diameter of the superior strait, measured three inches and three-quarters. The transverse measured four inches and one-eighth. The oblique diameters were in perfect proportion to these. A measurement from the lower margin of the symphysis pubis to the extremity of the sacrum gave three inches and three-quarters. The distance from the middle of the posterior face of the symphysis pubis to the most projecting point of the tumor was two inches and a quarter. This diameter was reduced by the walls of the uterus to less than two inches.

These measurements fully demonstrate the propriety of the operation which was performed.

A sub-peritoneal fibrous tumor, of the size of a walnut, was found on the uterus, posterior to the insertion of the right round ligament. One or two smaller ones of a similar character were also found. On dividing the left Fallopian tube near its origin, a small quantity of pus could be squeezed from either opening. The same result followed section farther down. The right Fallopian tube and round ligament presented greater vascular injection than those of the left side, and section of the former gave exit to a considerable quantity of pus. The uterus was flaccid and imperfectly contracted. Upon making a small section near the fundus, clotted blood escaped from the uterine sinuses. There was apparently no pus in them. The researches of Prof. Alonzo Clark have shown, however, that pus may sometimes be detected in these cases under the microscope, when to the naked eye none is visible. The liver was of normal size but had undergone fatty degeneration. The kidneys were also evidently fatty, though normal in size. The heart was normal in size, flaccid, and free from valvular disease. A portion of its tissue was removed for microscopical examination. There were no adhesions in the pleural cavities, and the lungs were free from tubercles and purulent deposits.

The pelvis of this woman is in process of preparation for the museum of the hospital.

A remarkable feature of this case was the total absence of any attempt by nature at healthy reparative action. The low status of the vital forces found still further expression in the fatty degeneration of the liver and kidneys.

#### CASE OF PELVIC PRESENTATION.

An interesting and rather anomalous case was related at Bellevue Hospital by Dr. ELLIOTT. He exhibited a dead new-born child—a girl, which was the largest child he had ever delivered. It weighed fourteen pounds. It was the eighth pregnancy of the mother; she had an ample pelvis, and had carried this child ten months before labor set in. He was called in consultation on account of a non-advance in labor. The membranes had ruptured while

the presentation could not yet be reached: and upon making an examination he found a pelvic presentation, the sacrum being toward the right acetabulum, and the dorsum of the child toward the abdomen of the mother—the most frequent form of pelvic presentations.

The efforts appeared to be powerful, and the delay seemed the result of overdistension of the uterus. The great bulk of whatever was contained in the uterus was ascertained, by external examination of the abdomen, to be on the left side. So that, assuming the existence of only one child in the uterus, we had the anomaly of the presentation as described, the nates *small* absolutely, the balance of the child relatively immense, and its great convexity on the left side! Images of course arose to the mind of twins, and monsters of every kind: double children, children with two heads, hydrocephalic children, children with ascites, etc.

He advised delay.

On the next morning, there being no change and the patient's condition being good, delay was no longer considered advisable. The presenting part was found, on examination, to be just dipping into the superior strait. He therefore (chloroform having been administered) introduced his right hand and pulled upon the anterior leg. In this way, and with the finger in the groin, he pulled and tugged and toiled with all the force he could command, without any advance in the way of delivery. He then had recourse to the blunt hook in the groin, and, after long and wearisome effort, succeeded in drawing that part of the child down to the vulva. The leg of that side was, by that time, pendulous merely by a portion of the skin. The child was, of course, long since dead. He then, by similar efforts, drew down the other side. The head passed without instrumental assistance.

The child presented a very much bruised and battered appearance, as might be imagined, and certainly was of immense size. The extreme smallness of the nates made a very remarkable contrast with the great bulk of the rest of the child.

In the course of his remarks upon this case, Dr. Elliott called attention to the rhythmical contractions of the sphincter ani, as a diagnostic element in cases of pelvic presentations. The existence of these contractions was indubitable proof of life in the fœtus. When it was not to be recognized, reflex action had ceased and life had fled. We were thus enabled to determine at once the presentation and the fact of the life or death of the fœtus.

In cases demanding the use of an anæsthetic, he always had recourse to chloroform. It always did its work thoroughly, and he had never seen any alarming symptoms resulting from its employment. He objected to the blunt hook, because the curve was always too small for the

groin, and that, on this account, it often did injury which might be avoided by the employment of better-adapted means.

## Medical Societies.

### NEW YORK ACADEMY OF MEDICINE.

#### ANNIVERSARY MEETING.

This Association celebrated its anniversary on the evening of Wednesday, Oct. 7th, in the building of the N. Y. Historical Society, corner of Second avenue and Eleventh street, Dr. G. C. Buck, Vice-President, in the chair. The audience consisted principally of the Medical Faculty, their friends, and families. Quite a number of ladies were present. On the platform were the following gentlemen: Vice-Presidents, Drs. Joel Foster, George Buck, and M. D. Van Pelt; Ex-Presidents, Drs. Valentine Mott, Isaac Wood, J. M. Smith, and Batchelder; Trustees, Drs. Jacob Harsen, J. Anderson, and J. T. Hubbard; Foreign and Domestic Corresponding Secretary, Dr. J. W. Green.

The reading of the minutes was dispensed with, and the exercises of the evening were opened with a prayer by the Rev. Dr. Bethune, after which, the President, Dr. John Watson, was introduced by the chairman, and delivered an address, which treated on scientific, philosophical, and medical subjects, with special reference to the traits which characterize the true physician, and the kind of training necessary for his development as such.

Dr. Watson began by remarking that philosophers and men of science were sometimes said to be in advance of their epoch. He said that of all who were deserving of such titles this was true to some extent, and that their greatness was in direct ratio to the degree to which it might be truthfully said they were so. God never made a thoroughly original and independent man. The whims and caprices of instructors were received as postulates, without due sifting and investigation. In every age, the most enlightened and fearless thinkers and actors had been swayed, more or less, in spite of their inward convictions, by the prejudices and superstitions of those around them—those infinitely their inferiors in every respect. For illustrations of this fact, we had only need to refer to the histories of Socrates, Luther, Bacon, and many other great men. They had all fallen, to a greater or less degree, from their high estate. The medical profession was not without its great and original men—would that she could boast of more!

Most men, he said, of ordinary capacity, soon became able to detect and diagnose disease in its usual phases; but it was the part of the

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true physician to unravel obscure cases, penetrate into the arcana of pathology, drag disease from its secret lurking places, and discern light, where to others all was darkness and obscurity.

Such ability was less the result of logic and philosophy than of cultivation and practice. It supposed as a pre-requisite a mind thoroughly imbued with the love of truth and zeal in its pursuit; a mind docile and discerning; habits of investigation and reflection; capabilities for rigid analysis and induction; and a thorough knowledge and appreciation of the habits, language, and usual surroundings of the sick.

No one man was endowed with the full enjoyment of all the desired qualities. Perfection was to be imagined, not beheld.

The training of the man aiming at a complete education, and a position as a skillful investigator, in the higher walks of the profession, began, he said, where that of ordinary men ceased. He was by this course enabled to guard against error, to better appreciate the fruits resulting from the labors of his cotemporaries, and to add to them himself. He did not study aimlessly or in a desultory manner; in his choice of books was confined to no name or nation, and putting no faith in the retailers of other men's views, perused the originals in the language in which they were originally published.

In his opinion, it was not necessary for the success of the close observer that he should have immense practical advantages in the way of hospital service, etc. Hippocrates, Scarpa, Sydenham, and many others of the great luminaries of the profession, had had few facilities of this nature. He thought single cases, well studied and analyzed, better calculated to extend the powers and ripen the judgment than a large and desultory hospital practice.

He dwelt upon the importance of a proper registration of facts and cases as leading to habits of close analysis; and upon the important generalizations sometimes resulting from properly recorded and digested isolated facts, as exemplified in the inductions of Harvey and Jenner. Too great a multiplicity of facts in heterogeneous array he regarded as apt to confuse the mind and blunt the acuteness of the judgment.

In the study of pathology, nature, he said, was the experimenter and the physician the interpreter.

The value often of enthusiasm and earnestness, even in a mistaken direction, he illustrated by reference to the lucubrations of the ancient Alchemists, who, in the pursuit of their ignis fatuus, yet contributed so much to the elementary elaboration of our modern chemistry.

The importance of associated labor he spoke of as being very great. "in union there is strength." Frequent association, discussion, and interchange of views and theories with one's compere and co-laborers were invaluable; but he was sorry to remark that in professedly

scientific associations mere forms and ceremonies often took the place of real work. This was to be strongly deprecated.

In contrasting the state of the profession in this country with that of it in monarchical countries, particularly with reference to the comparative advantages enjoyed here by neophytes, he spoke of our great indebtedness to Davy Crockett for his motto—"Be sure you're right, then go ahead"—now an accepted Americanism, and to the great principle enunciated by Jefferson—"All men are created free and equal." The only trouble was, that in the motto of Crockett, the first clause was too often overlooked or forgotten, and the latter only acted upon. When Cullen first published his work on *Materia Medica*, the Faculty of Edinburgh compelled him to retract some views of which they did not approve. No dictation of that kind was submitted to here from any source. In America, no man of talent was compelled to hide his light under a bushel through fear of professorial frowns. The great latitude, in every respect, existing here for medical men of all classes and characters, was calculated, all things considered, to promote the advancement of science.

If our schools were not equal to the best schools of Europe, it was not from a want of indigenous talent, but it was because the requirements for graduation were of too low a grade. He wished to urge the fact upon the profession. The progress of medical science demanded a change in reference to the requirements of the schools. The grade must be raised. Nevertheless, any student in whom the will was not wanting could become an accomplished physician. Nowhere was the habit of reading so general, and although the medical luminaries were not so numerous as in European countries, yet the body of the profession here was better read and posted on important points.

In speaking of the subdivision of the science into special branches, in England, and the gradation of the men belonging to the profession, according as they belonged to one or the other branch, with the results, he stated that upon his (Dr. Watson's) once having spoken to Sir Astley Cooper of M. Louis, the distinguished French physician, Sir Astley stated that he had never heard of him! Sir Astley Cooper was a surgeon—M. Louis a physician. The English system he thought to be a most pernicious one; taking into consideration at once the advancement of science, the welfare of the profession generally, and the safety of the sick. Here we had no aristocracy in the profession but that of intellect.

Some men, he said, were capable of only very limited development. So far might they go, but no farther. There was a great difference between a simply scientific and a truly philosophical mind. Others, again, were endowed with so fine an organization that for them an

almost infinite self-improvement was possible. They never became conscious of having reached the highest round in the ladder of their capabilities. In the former class was found the charlatan and medical mountebank,—brazen-faced, obtrusive, and dogmatic,—never abashed, the man to challenge the admiration and applause of the gaping throng. The man of the latter type, on the other hand, was never obtrusive or positive. Almost unconsciously to himself, he was possessed of energy, circumspection, and tenacity of purpose; an acute insight into the human affections; a hopeful disposition; a delicate perception of propriety; a strong and abiding love of truth; and that "charity which suffereth long, and upbraideth not;"—qualities which, when subjected to the mellowing influence of experience, constituted the difference between the true physician and the quack. Men of this type always struggled up and made themselves felt—irrepressible, no matter what their early educational advantages might be. In illustration of this, we had need only refer to the histories of John Hunter, Sir Astley Cooper, Ambrose Paré, and men of that ilk—men who had enjoyed but to a limited extent the advantages of an early literary or philosophical training, and whose names had become watchwords in the profession.

What is called a knowledge of the world, he considered to be essential to the physician as to the man of business. The physician should not plod along in the beaten track, looking neither to the right nor left, but should always be on the lookout for useful hints, outside of his own peculiar line. He thought it not amiss for the physician to have a little stock of gossip on hand to retail for the diversion of some of his patients.

In remarking upon the eccentricities of some great men, he related of Dupuytren, that, upon his once having been called on to treat a lady who had dislocated her shoulder, he, upon entering her chamber, surveyed her narrowly for a moment, and then said abruptly, "Madam, you have been drinking—I had it from your son." The lady was, of course, very much shocked, and fainted on the spot. This was just the effect Dupuytren had wished to produce. While she was in this condition he reduced the dislocation, and, upon her reviving, said to her, "Madam, you had been drinking water—I had this also from your son." He remarked that such things would do once in a while, and for great men; but as a general rule such manœuvres, however brilliant and well executed, were not considered in order. In most instances a manner the reverse of this was the best. We must not treat our patients as sales of merchandize, but by a persuasive manner should endeavor to unlock the recesses of their hearts, and, as was our duty, acquire a thorough knowledge of their antipathies, hobbies, emotional idiosyncrasies, etc. This was often most important.

In illustration of the delicacy to which habits of observation and analogical reasoning might be carried, he referred to the ability of Cuvier, the celebrated naturalist, to give a minute description of an animal of any kind, from a simple inspection of one bone which belonged to it. A physician whose faculties were trained to anything like an approximation to this quickness of acuteness could, in the elicitation of symptoms, and his inductions therefrom, be infinitely more precise and rigid than any man of not more than ordinary training.

He spoke of the honor and confidence which were always, as a matter of course, the attributes of the high-minded physician, in regard to disclosures as to circumstances, habits, feelings, propensities, and religious aspirations. The religious views and feelings of the sick were always to be treated with respect, even though the physician himself should happen to be sceptical. And, on the other hand, the physician, if religiously inclined, should never intrude censure on the sick, if they should be of an opposite turn of mind.

The medical man must be careful not to carry an atmosphere of gloom with him wherever his duties call him. He should properly wear an air of seriousness, but it should go no farther. He should go into society to some extent, to guard against that sombreness and misanthropy, which too often belonged to professional men. He should not do this, however, with the ardor of the habitué: he might well afford to forego some of the pleasures of fashionable life.

The love of gain, as a ruling passion, he strongly inveighed against. The young practitioner could not be too guarded on this point. When this grovelling passion supplanted the desire for usefulness, no matter what his talents and education, the physician became reduced to the level of the shopkeeper. He continued with an enumeration of the various things to be taken into account in making charges.

In regard to complaints of want of success, appreciation, etc., he quoted and endorsed the saying of Dr. Johnson, "I hate a complainer." The most complaints came from those who least merited success. They who whined most deserved least.

He quoted the answer given by Daniel Webster to a young lawyer who inquired of him whether the profession of law was not already too crowded. "There is plenty of room up stairs." It might be well and fully applied to the medical profession. There was always room in the front ranks.

At the conclusion of Dr. Watson's address, Prof. Smith, of the College of Physicians and Surgeons, moved that a vote of thanks be presented to Dr. Watson, and that he should be requested to furnish a copy to a committee for publication. He stated that the person who had been selected to deliver the address on the occasion had been prevented by sickness; that





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the address of Dr. Watson had been kindly volunteered, and written on very short notice. He complimented the Doctor very highly on his effort.

Dr. Stevens followed. He seconded the motion of Dr. Smith, and expressed the hope that the sentiments pervading the address of Dr. Watson were those of the Academy at large.

The motion of Dr. Smith having been carried unanimously, the audience was invited to inspect the library and picture gallery of the society in whose building they were assembled. The meeting then adjourned.

The invitation extended to the audience was by no means an empty one. The picture gallery is, undoubtedly a very fair one, and the library contains more than forty thousand volumes. c.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### POISONING BY OPIUM AND STRYCHNIA.

In the November number of the Chicago Medical Journal, Dr. J. S. Pashley, of Osceola, Ill., reports a case of suicide by opium and strychnine, which is interesting, as showing the effect of these substances when taken conjointly.

The subject was a man, 29 years of age, in ordinary health for some time previous, though mentally depressed by pecuniary embarrassment and disabled from a paralytic attack which occurred five years previously, and was repeated three years ago, leaving the left side of the body entirely useless.

To commit suicide, he took three grains of strychnine, one drachm of opium, with an indefinite quantity of quinine, at about 10 o'clock on the evening of September 1.

When seen by Dr. Pashley, at 10 o'clock A. M., September 2, he had been twelve hours under the operation of this dose, resolutely denying any unusual feelings, or sensations, in spite of his strange appearance and actions.

There was extreme cerebral excitement; conjunctiva highly injected; eyes suffused with tears—pupils contracted; the whole face of a deep-red color; mouth and lips dry and clammy; tongue tremulous and covered with a white, brownish fur; voice dry, husky, and incoherent in expressions; whole surface hot with profuse perspiration; body and limbs in violent tremor, and at intervals spasmodic action of all the muscles, alternating with comparative quiet and drowsiness, from which he was easily roused. Pulse 120, full and forcible; carotid pulsating violently; the respiration labored, and the air of the room redolent of opium; complained only of feeling "queer."

Administered zinci sulph. in full emetic doses

in strong coffee, by which opium was freely ejected.

At 11 o'clock the patient was more quiet, and force of the heart's action somewhat diminished. He now required frequent rousing, but when roused would start violently and remain delirious for some minutes. Gave Croton oil, gtt. iii, with camph. gr. viii; applied bladder of cold water to the head; perspiration still very profuse.

1 P. M. Profound stupor suddenly supervened, from which no effort could rouse him. Cold water was applied to the spine and occiput *ad libitum*, followed by violent friction, shakings, etc., but of no avail. Muscular system alternately relaxed and rigid; deglutition impossible; pupils contracted still more; breathing stertorous; surface dry and cooler; pulse rapidly sinking; heart's action very irregular.

3 P. M. Superficial vessels of head and neck suddenly engorged; surface became livid; pulsations at the wrist not readily observable, and those of the heart intermittent. The blood seemed to leave the heart *en masse* and rush to the head during the interval of two or three beats, alternating thus for about half an hour, when more regular and rapid action of the heart followed.

4 P. M. Comparatively quiet; having previously applied sinapisms to spine, and blisters to inside of the thighs, an electro-magnetic battery of considerable power was used, with the effect to stimulate muscular and nerve force, and by keeping up the heart's action maintaining the normal heat of the body to the last moment of life.

September 3d, 8 A. M. Continued as before, only that, on violently shaking, the jaws and eyelids would close, being generally more susceptible to electric force. Respiration sighing; some symptoms of peristaltic action in bowels. Administered enema of Croton oil, chlor. sodæ and lard, with warm water, but which was speedily returned.

1 P. M. Succeeded in giving Croton oil, gtt. ij, and a small quantity of camphor in water; the same being slowly but effectually swallowed.

2.15 P. M. While standing by the patient, and somewhat cheered by the apparently-gradual return of sensibility for the past four or six hours, the pupils suddenly dilated, followed by a slight movement of the body, and death closed the scene.

A hasty examination of the brain was permitted, nineteen hours after death, in presence of Dr. E. R. Boardman, and J. G. Boardman, medical student.

Found longitudinal sinus and all the superficial vessels unusually engorged, more particularly on the right side. The arachnoid membrane of that side presented a remarkable contrast to its opposite, being highly injected, and consequently very dark in color.

The cavity of the right ventricle was greatly

enlarged as compared with its fellow, and its walls much more readily broken down. All the brain matter on the right side was unusually soft, and could with difficulty be handled.

There seems to have been, as Dr. Pashley justly remarks, a struggle for the predominance in effect of the strychnia and opium, the narcotic finally prevailing, so that, after the first thirteen hours, he remained in the most profound stupor for twenty-five hours, making in all thirty-eight hours before the fatal termination.

It does not appear precisely, from the report of the case, whether the muscles of the paralyzed side partook in the rigidity and spasmodic movements which were observed, and if so, whether the rigidity and spasms were as well marked as on the side opposite. It is an interesting question, whether the softened condition of the brain and the paralyzed state may not have lessened the liability to become affected by the strychnia, as much as the opium; and again, whether the large amount of quinia accompanying both may not have acted in the same manner.

#### ABDOMINAL TUBERCULOSIS.

In a clinical lecture on tubercular disease of the mesentery of children, delivered at the St. Eugénie Hospital, at Paris, and published in the *Jour. für Kinderk.* Dr. BOUCHUT makes some remarks on the complications of this disease.

One of the principal complications is caused by the ulcerations to which the tubercular deposit leads. Copious bloody discharges, or faecal evacuations, striped with blood, are observed when this takes place. In consequence of perforations of the intestinal canal we may have peritonitis, which may take a rapid or slow course, according to whether the perforation communicates with the peritoneal cavity or terminates in adhesion of the perforated gut to the peritoneum. If the peritonitis progresses slowly, it is accompanied with much pain, obstinate vomiting; sometimes, however, only a painful tension or a dull aching is present, and occasionally the peritonitis progresses so obscurely, or rather unobserved, that dropsical effusion takes place before we have been aware of anything else, and then the dropsy, for which no other cause can be found, is the only characteristic symptom of abdominal tuberculosis.

Another complication is the debility and anæmia consequent upon the dyspepsia and fever, resulting in general œdema and dropsy, which soon terminate in death. In these cases albuminuria is present occasionally, but, generally, there is no essential change in the constituents of the urine.

In reference to diagnosis, entero-mesenteric tuberculosis cannot, at the commencement of

the local affection, be easily recognized. As it often commences in a latent manner, not unfrequently the symptoms of an acute or chronic enteritis first occur, the nature and cause of which cannot readily be determined. Only when the disease has further progressed, the alternating constipation and diarrhoea, the tympanitis, dropsical accumulations, knotty elevations of the mesentery, and the accompanying formation of tubercles in the lungs, or in other organs, remove all doubt.

Entero-mesenteric tuberculosis can be founded only with rachitis, faecal accumulation in the intestines, and simple chronic enteritis. In rachitis we have frequently very considerable tumefaction of the belly, and sometimes diarrhoea; but the softness of the bones, the remaining open of the fontanelles, the curvatures of the spine in the lumbar region, and the thickening of the spongy portions of the long bones are sufficient characteristics.

Regarding faecal accumulations, or so-called scybala, the seat of these masses, throws light upon the case. The tubercular mesenteric glands are felt in the centre of the abdomen and below the umbilicus, while the scybala always have their seat at the side and especially at the sigmoid flexure of the colon. Finally, simple chronic enteritis which, with its accompanying emaciation and diarrhoea, most closely simulates abdominal tuberculosis, is distinguished from it by not continuing so long, by not producing as much tumefaction of the abdomen, and being never accompanied by hardened tumors or swellings in the mesentery.

#### EPITHELIAL CANCER OF THE TONGUE.

We have in the last number given a resumé of Mr. Hutchinson's clinical reports on Epithelial Cancer of the Lip, published in the *London Medical Times and Gazette*, and avail ourselves to-day to give a similar abstract of his report on nineteen cases of epithelial cancer of the tongue.

The report comprises nineteen cases, in nearly all which operations had been performed. Cancer of the tongue is, however, a form of the disease which in a majority of instances does not permit of operative interference, since, very commonly, the patients do not come under hospital care until the disease is too far advanced. Thus, in all probability, during the period to which the present report refers, at least four times as many cases of cancer of the tongue have been under care at the different metropolitan hospitals.

Of the 19 cases, 12 were males, 6 females, and in one the sex is not given. The average age was 54 years, the extremes being 32 and 78. In two cases only palliative treatment was adopted, the disease having too far advanced. In one of these cases the patient, an old woman

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of 78, died of the disease within five months of its commencement, and in the other it is not probable that his life was prolonged beyond six or seven months.

Of the cases in which operations were performed, in one the disease had existed 3 months, in one 4 months, in one 8 months, in one a year, in one 18 months, one 5 months, and in a sixth it was stated that a hard pimple had first made its appearance two years before. In six cases no details are given as to the duration of the disease. These facts indicate in a clear manner the acute character of cancer of the tongue. Cancer of this organ was formerly considered scirrhus; but it is now well known that its histological character differs in no respect from those of epithelial cancer of other mucous surfaces. It also conforms to the habits of the latter disease in that, while it constantly causes enlargement of the lymphatic glands, it does not, as a rule, occasion deposits in the internal organs. The rapidity of its progress, therefore, as compared with that of epithelial cancer of the lip and of the skin generally, must be explained by reference to the succulent structure of the organ and the facilities thereby offered for growth by infiltration, and for rapidity of absorption, and by the difficulty of affecting a free removal of the original disease by operation. The lymphatic glands, which enlarge secondarily in cancer of the tongue, are deep-seated, and not usually susceptible of removal.

Of the 17 cases in which operations were performed, the disease was removed by the knife in 8, by the ligature in 5, and by the *ecraseur* in 4. Of these three died from the immediate effects of the operation. In ten the wound healed and the patient left the hospital, while in four others the disease recurred either before the wound was healed or very shortly after. Two of the fatal cases died of pyæmia, one six the other seven weeks after the operation.

## REVIEWS AND BOOK NOTICES.

**ELECTRO-PHYSIOLOGY AND ELECTRO-THERAPEUTICS:** By ALFRED C. GARRATT, M. D. Boston: Ticknor & Fields, 1860.

We have attentively perused this work, and have no hesitation in commending it as the result of long, laborious, patient, and careful study of the whole subject of medical electricity. It is in great measure a compendium of the results obtained in this department by the investigations of such men as Galvani, Volta, Humboldt, Matteucci, De la Rive, Dubois-Raymond, Faraday, and Duchenne, bringing the subject down to the present day. On this account, it merits a place in the library of every physician who desires to keep himself posted

up in the knowledge of his profession, and to be duly acquainted with the use of a powerful agent (when rightly employed) in the treatment of disease. Dr. Garratt tells us he has written this book mainly for the use of students, and has accordingly introduced many wood cuts, (such as those of the spinal column, etc.,) and much matter that might well be dispensed with, or find their place more appropriately in a treatise on Anatomy. The young student will find in it a great deal that is above his comprehension; but those who are more advanced, as well as young practitioners, with some leisure time on their hands, will find it amply to repay them for a close investigation. The chapters on atmospheric electricity are to us the most unsatisfactory; they have evidently been written ten years since, and need considerable pruning and revision; this is unfortunate, as they involve the subject of the electrical origin, or otherwise, of epidemics. This, however, is the only fault we have to find with the book, if we except a magnanimous indifference to the correct spelling of some proper names, which is all the more remarkable in a book otherwise so well gotten up.

## THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 17, 1860.

### SCIENCE COSMOPOLITAN.

In the whirlpool of exciting times like these, when old thrones are tottering and falling into the dust, when nationalities are, after centuries of sleep, awaking and battling against oppression by other nationalities, and when individuality is asserting its rights all over the world, when the dreams of the cosmopolitan, the reformer, the humanitarian, all seem to be knocked into one confused heap,

"rudis indigestaque moles,"

out of which nobody knows what will come, it is a consoling thought, nay a sublime consolation, that there is one thing, at least, which is not affected by race, soil, climate, winds or waves—one department of human affairs not influenced by the tendencies of national or personal individualism.

SCIENCE is universal! Science is not bound down by narrow-minded prejudices! It encircles in its embrace the civilized world; in one word, it is cosmopolitan!

Such was the miserable delusion with which we had flattered ourselves. We had imagined

that when Humboldt traveled in South America it was, perchance, the same spirit of scientific investigation leading him to ascend the Chimborazo, which led Kane to plant the stars and stripes upon the ice-fields in the polar circle, and we foolishly thought that when Harvey demonstrated the circulation of the blood, he had no idea of taking out a copyright for his discovery in favor of his immediate descendants, or the inhabitants of Great Britain generally.

Yet we were mistaken, most foolishly mistaken! Under the shame of ignorance, however, under which our poor mortal frame groans, we have yet the consolation that we were not alone, but that we have had fellow-fools from the commencement of the time when the name of science was first breathed, up to this date.

Stop! Not to this date. Only up to August first, one thousand eight hundred and sixty, or thereabouts, when the August number of the *Medical Journal* of North Carolina, issued bi-monthly, commenced, at page five hundred and nineteen and finished at five hundred and twenty-two, an editorial article which proves as plainly as Don Quixote proved to Sancho Panza the logic of his Dulcinean adventures, not only that science is *not* cosmopolitan, but that it must speedily, at once, and most imperatively, be "fenced in."

But to speak seriously, if the excitement of political times must drive men whom we expect to be guided by sober sense, so far as to discuss politics *à la Billingsgate* in journals that pretend to be devoted to science, we hope that it will be done, at least, without *economizing the truth*, which is entirely inexcusable.

We acknowledge no different sections in these United States, nor do we stand up for the pre-eminence of any centre—real or would-be—of medical education; but, when the *Medical Journal* of North Carolina says that it is "fashionable in northern cities to ignore the claims to respectability of the southern student at all times, and to treat him more as an outcast than as a gentleman whenever an occasion presents itself," that journal knows that it is balancing

the truth on the point of a pin, only to show its expertness and to bring grist to the mill, in which it plays the part of the miller.

The *Journal* talks of the man "who is despised because he is a student, and hated on account of his southern blood," and paints in doleful language the "hard time" which he must have, under such circumstances, to prosecute his studies. Doleful, indeed! only that, like the man of the moon, children only can see him.

It does not, of course, enter into our province to quarrel with the *Medical Journal* of North Carolina, if it succeeds, by every possible honorable means to draw students to the particular interests which it represents; but protest we must when it attempts to do so by means for which even ignorance can be no excuse. And, before all, in a spirit of fellow-feeling for our cotemporary, we would suggest to it not to disprove by the spirit of its words what it endeavors to prove by their literal meaning.

When, for instance, it says "that no man can study to any advantage whose mind is distracted by excited passions, or diverted from the legitimate object of its pursuit by other and more absorbing matters," the very article in which that sentence occurs is so full of excitement, passion, and of matters not belonging to science, that any one who reads it, must suppose it intended to keep students at a respectful distance from any point within its radius; and yet we all know (and the *Journal* will scarcely be willing to deny it, we suppose) that the article referred to was especially written to attract students instead of repelling them.

It is to be hoped that those who represent medical schools in the medical press throughout the country, will begin to be honest amongst themselves and honest to the profession. It is high time, if they do not wish to see themselves swamped by the rising tide of a sound, healthy medical revival, the forebodings of which can be traced everywhere. No one has any objection against rivalry—nay, it is even necessary; it will stimulate to progress and endeavors to excel. But let that rivalry be an honorable one; let it consist in improving the facilities for

learning and excelling the rival, but not in appealing to angry passions and making statements which cannot be borne out by truth.

# SPIRIT OF THE MEDICAL PRESS.

The September number of the Atlanta (Geo.) *Medical and Surgical Journal* comes to us with the Valedictory of Drs. LOGAN and W. F. WESTMORELAND, its late editors. For five years our editorial intercourse with these gentlemen has been most pleasant, agreeable, and profitable, and we part with them with sincere regret. We are sorry to learn that their five years' labor has been one merely of love. Dr. J. G. Westmoreland assumes the editor- and proprietorship in a well-conceived salutatory. The Atlanta has been one of our sterling journals, and, from what we know of the abilities of the new editor, we feel satisfied that it will not take a step backward.

The leading editorial of the Louisville *Monthly Medical News* hardly, we think, comports with the dignity that should characterize a work devoted to science. It is nothing more than a witty novelette, the hero being a quack and an arrant hypocrite. Its flings at professors of religion, by being so sweeping, are out of taste, to say the least, and tantamount to a condemnation of all who connect themselves with churches. The *News* might have made its point in a much less objectionable and more dignified manner.

The *Lancet* comments on the alacrity which governments manifest in detecting adulterations designed as frauds on the revenue, as contrasted with their indifference to those which are perpetrated at the expense of the consumer, as of food and drink, and, it might have added, medicines. It claims that we should have adequate security that the bread, which is our daily food, the milk, upon which the infant population is reared, shall not be so tampered with, empoisoned, or impoverished, as to be rendered incapable of conversion into living bone and muscle. It looks to the Act for Preventing Adulteration of Articles of Food and Drink—itsself an adulterated article, in consequence of the opposition it met in Parliament—to aid in putting a stop to the evils resulting from the adulteration of articles of food and drink. In our country, this is an almost totally neglected field for the restrictive exercise of legal enactments, except as regards the importation of adulterated drugs. In our chief commercial cities, drug inspectors

are appointed by government—men, however, who are too often more given to politics than to the *materia medica*—to prevent the importation of adulterated drugs, though there is no check on home adulteration by the "grinders." The Legislatures of most, if not all, of our States contain some medical men. They could scarcely serve the public better than by urging the passage of laws against the adulteration of food, drink, and medicines.

The *Lancet* recommends the prohibition, by statute, of those horrible dances and *tours de force* on a tight-rope, which produce some excitement to the public and gain to the performers, at a risk of life, which has just received an illustration in France in the case of two patients, recently received into a Parisian hospital, severely, if not fatally, injured by falls while performing a daring feat on the tight-rope at an elevation of ninety yards from the ground. There are fools of the same kind in this country, who should be brought under the wholesome restraints of legal enactments.

We commence this week the publication of REPORTS OF MEDICAL SOCIETIES, AND HOSPITAL AND CLINICAL RECORDS OF NEW YORK, which hereafter will appear regularly, in their proper places, under the signature of "C.," whom our readers will find to be a de'il o' a "chiel amang them takin' notes."

## Correspondence.

### EUROPEAN CORRESPONDENCE.

London, Oct. 15th, 1860.

*Editors of Medical and Surgical Reporter :*

GENTLEMEN:—The day before yesterday I attended St. Bartholemew's Hospital on the occasion of the weekly clinic which is held there. I was in hopes of seeing some of the distinguished surgeons of London, and my expectation was not disappointed.

There were many more students in the room than I had seen when I visited the hospital before. Then there had only been 20 or 30 present, while on this occasion the room was crowded by perhaps 100.

The first operation which I saw performed was by Mr. Lawrence. It was on a young girl, apparently about 18 years of age, with a very large tumor of the leg, which had begun about seven months before. Very few remarks were

made by the operator, and those which were made were in an almost inaudible tone of voice.

Before the operation I understood him to say that he was undecided as to whether he ought to consider it scrofulous or malignant; this was all that I could understand of all that he said.

After the administration of chloroform, incisions were made in a place where the skin seemed to be on the point of ulcerating, to examine the nature of the tumor, and by pressure around them a cheesy matter was forced out.

The limb was then taken off above the knee by the circular operation, a retractor being used to draw back and protect the muscles during the sawing of the bone.

The patients are brought into and carried out of the operating room on a litter without any mattress, and a couple of straps are buckled over them to retain them with the more certainty.

This poor girl appeared to have been so much exhausted by the suffering which she had endured that she was perfectly helpless, and when carried made no effort even to raise her head; she was very pale, and I fancied I saw indications of the cancerous cachexia.

An examination was made of the amputated leg; but I was unable to obtain either a view of the tumor or a single word of the observations made about it.

The next operation was performed by Mr. Stanley, assisted by Mr. Paget. It was the amputation of a cancerous breast in an elderly woman. The tumor was large, and a well-marked case of hard cancer.

The last case was the removal of a deep-seated, apparently fatty tumour, from the region of the femoral artery, just below Poupart's ligament. The tumor was small, and I could not but admire the powers of diagnosis which enabled its nature to be recognized. The operation was performed by Mr. Skey. All three of the operators were gray-haired gentlemen, partially bald, and rather short. Mr. Paget, on the contrary, was much younger, apparently, and rather tall.

St. Bartholemew's contains 650 beds. It was founded A. D. 1102. Harvey lectured there on the circulation of the blood in 1619.

This morning I visited the Museum of the College of Surgeons in Lincoln's Inn Fields. It is decidedly the largest I have yet seen, filling three large rooms, one of them very long, and all three having two galleries surrounding them. There was a very full and complete catalogue. The collection appeared to be particularly rich in comparative anatomy and in craniology.

One remarkable specimen was that of a mummy, made in the last century, of the wife of a London citizen. An advertisement, cut from a newspaper of that time, was pinned close to it, in which the husband proclaims that he

will not exhibit his wife's embalmed body to any one who is not introduced by a friend, and even then only at certain specified times.

From the short time which I spent in the Museum, anything like a detailed description is, of course, impossible. When I return to London from the Continent, I hope to be enabled to visit it again, and spend more time there.

In my next letter I shall probably give you a sketch of a lecture delivered in a Paris hospital.

Very truly yours,

M. D. ABROAD.

#### MEDICAL SOCIETIES IN NEW YORK.

New York, Nov. 13, 1860.

MESSRS. EDITORS:—A movement is under way to establish a new medical society. Part of the programme is "to be liberal towards young men, to encourage real worth, and to aid in their advancement—scientific and also in practice—those that want to be 'workers' in medicine and have it in them." Don't criticize the syntax of the quotation, for it was spoken colloquially and off-handedly by one of the prime movers, and indeed sounded well in conjunction with the rest of a very enthusiastic announcement of the plan, character, objects, and capabilities of the proposed society. A leading idea, in addition to the mutual scientific and social improvement arising from all well-conducted societies, seems to be the establishing and enforcing on its members of a higher standard of professional ethics in practice than at present in vogue in Gotham. This is certainly very laudable, and its accomplishment a consummation devoutly to be wished; but I must ask you to suspend final judgment awhile.

There are among us seven or eight medical societies.

By far the most interesting discussion at the Academy of Medicine for a long time was a recent one on Pessaries. We had, on that occasion, the pleasure of hearing Dr. J. Marion Sims speak for the first time, though he has been a member of the Academy for several years. Dr. Gardner expressed his disapprobation of all kinds of pessaries *in toto*, and under all circumstances; and, though this gentleman went to extremes and in so far erred, he had, in my opinion, the best side of the argument.

The New York Pathological Society is an active and, to its members, valuable society, especially under its present able officers.

The New York Medico-Chirurgical College, though at first looked upon as "not exactly right," has become, through the untiring exertions of its working members (and it is fast ridding itself of other members) a valuable society. It is a pity that it has no abiding, dwelling place, for it is a peripatetic society, getting board and lodging in turns at the houses of its married members. The privacy of its

meetings much inferior to its existence name, and undergoing of the meeting to open for usefulness.

The New York but in only meeting following Among of last Session and Italian

"New Anniversary Medical Physicist November

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meetings has, as yet, prevented its exerting as much influence as it otherwise might. At present its existence, indeed, is but very little known; its name, constitution, and by-laws are, however, undergoing revision, (I have been told by one of the members,) and it requires but few changes to open for it a career of great and permanent usefulness in advancing scientific medicine.

The New York County Medical Society exists but in name, and doesn't deserve that. Its only meetings are its "anniversaries," and the following is an example of a farce of that kind. Among the Special Notices in the *Medical Times* of last Saturday, was seen in caps, small caps, and italics:—

"New York County Medical Society.—The Anniversary Meeting of the New York County Medical Society, will be held at the College of Physicians and Surgeons, on Monday evening, November 12th, at 6 o'clock. By order.

"O. WHITE, M. D., Pres't.

"H. S. DOWNS, M. D., Secretary."

The number of member is nearly 500; convened at six o'clock; fifteen a quorum, to get which those present went into the street to pick up some members, and for want of which quorum the Society was not called to order until half-past 7 o'clock, at which time a Doctor living across the way was at last prevailed upon to lend the anniversary meeting, at which, too, new officers are to be elected for the ensuing year, the indispensable value of his gracious presence, and he was welcomed and applauded by hand-shaking and feet-stampings as the fifteenth man.

*Order of Exercises.*—Reading of the minutes of last year's meeting, (an exact counterpart of the present minutes adopted.) Reading of the minutes of the Comitia Minora, (whose business it is to make believe that the cadaver is still alive, for the purpose hereinafter mentioned.) No report of Treasurer, (Treasurer absent.) No report of Committees. No new members proposed or to be ballotted on. No communications received. No remarks by any member. Election of President and Vice-President. Re-election of Secretaries and Treasurer. Election of Censors and Comitia Minora "with full power." Appointment of a number of Committees, such as one on Meteorology, one on Disease, one on Epidemics, one on Hygiene, etc., etc., (none of whom is ever expected to do anything.) Adoption of a resolution to prepare a list of deceased members to be presented to the State Medical Society. Adoption of a resolution to complain of the State Medical Society for ignoring the existence of this Society, as it has not sent any copies of its Transactions for two years, and also omitted to name the officers of this Society in its "List of Officers of County Medical Societies in the State of New York." (A voice was for "secession.")

Adjournment at 8 o'clock precisely.

The only object of the whole farce seems to

be the preservation of the privilege of the "Comitia Minora" to send delegates in the name of the N. Y. County Medical Society to the various medical meetings in the land; thus there were sent *thirty delegates to the American Medical Association*, etc. Whether this engineering is to be allowed to continue, and the rights of such delegations confirmed, it is not for your correspondent to determine.

The Medical Union, as well as the other two remaining Societies have but a limited number of members; and though very good, as far as they go, cannot make themselves felt in the Profession; so, you see, we really have no Society or Association that at present represents anything like the Profession of New York. While there is, therefore, room and chance for a Standard Society in Gotham, it is, as yet, more than doubtful that the one proposed will supply the desideratum.

The persistent efforts that have been made here for a week past to get up a stampede of the Southern students, have not, I am happy to say, resulted in an abduction, but ended in resolutions deferring action.

Yours truly,

GOTHAMITE.

A NONDESCRIPT;—TETANUS IN A CHILD FROM A STONE IMPACTED IN THE URETER.

MESSRS. EDITORS:

I was called October 30th to see a child, nine months old, suffering with cholera infantum. Found the child much weakened by the excessive discharges and vomiting. These were restrained through the day and night by small doses of elixir vitriol. On my return next morning found it insensible; tonic carpo-pedal spasm, and with opisthotonic contraction. These symptoms, with the exception of the stupor, were relieved in three hours by the free use of cold baths and quinine. Leaving it for an hour, at 2 P. M. I found a new set of symptoms had been ushered in. The pulse and skin were normal; but there was exceeding difficulty in the respiration, with spasmodic action of the larynx. Suddenly there was a gasp, and respiration ceased. For forty seconds the pulse beat steadily along, when it wavered, and fearing the cessation of the heart's action, I applied my lips to those of the child, and closing its nostrils, forced the air gently into its lungs, then compressing the ribs, it gasped, and after several insufflations, respiration was restored. Nine times in the ensuing four hours it was necessary to repeat this process, after which the breathing became regular. The stupor continued through the night; pulse, skin, and respiration normal till 8 A. M., when instantaneously the heart's action ceased, and with a few gasps all was over. We have the cause in the irritation of the bowels; the explanation of its develop-

ment and consecutive action is a matter not so readily solved.

I recently assisted a brother physician in the post mortem of an infant, sixteen months old. It had been sick two weeks, and was seemingly getting well, when tetanus supervened, and it died in eighteen hours. The inner portion of the left kidney had suppurated freely, and was discharging through the ureter. The cause of the tetanus was revealed in the right kidney, a stone, phosphatic, weighing two grains, had become impacted at the origin of the ureter, too large to be passed. We also removed two smaller stones from the same kidney. We had every reason to believe that the child would have survived the extensive suppuration in the left kidney. I doubt whether this case can be paralleled. A correct diagnosis was, of course, impossible, from the tender age. Truly our best discriminative efforts often prove to be fallacies. The case, however, will be reported in full. I merely desire to call your personal attention to it as a rarity.

EDWARD H. SHOLL.

Warsaw, Ala., Nov. 8th, 1860.

#### A STUDENT'S COMPLAINT.

*Editors Medical and Surgical Reporter :*

Will you allow a student a space in the **REPORTER** to make a few suggestions to his fellow-students in regard to clinics?

I am a great friend and admirer of so-called *promenade concerts* and have often enjoyed them. But of all things in the way of *promenading*, I hate *promenade cliniques*, which it seems the endeavor of some few of my fellow-students to establish. It is most annoying, when one happens to sit not far from the door, to lose the words of the lecturer, his questions, and the answers of the patient, by the constant ingress and egress of a few stragglers, who always appear to be "on the wing." These gentlemen, who, of course, can derive no earthly benefit from such perambulatory attendance, are, besides, in the habit of colloquial exercise, which may add very much to their interest, but is scarcely in tempo with the rest of the performance.

Could not something be done to abolish this evil?

Yours,

STUDEOSUS.

Philadelphia, Nov. 13th, 1860.

THE MEDICAL career is so admirable when divested of all cupidity, it brings so much into play the better feelings of our nature, that it often ends by being a virtue after commencing as a profession.—*Lamartine.*

A SMALL portion of London is said to be crowded to the density of 243,000 inhabitants to the square mile.

## NEWS AND MISCELLANY.

**A Ridiculous Mistake in Diagnosis.**—We placed in an upper set of artificial teeth for a lady patient about one year since, but, on account of the shrinking of the gums it became necessary to refit the plate about four weeks ago. We expected to retain the case in our hands about two days. The teeth were left us in the morning about eight o'clock, to be finished the next day by five, but, to our surprise, at ten, the next day, a lady called to ascertain if the teeth could not be finished before five, as the patient had been taken very ill indeed early that morning, with *paralysis* of the lower jaw and tongue, and it gave the face such a ghastly look that they wished the teeth as soon as possible to place in the mouth before she would die, and they did not think she would live until night. The teeth were finished by one o'clock, and dispatched at once to the patient by the hands of an assistant, but the patient was so very ill that the assistant could not be permitted to see her, so he returned with the teeth. But the next morning a little girl called for the teeth, with the cheerful intelligence that the patient had entirely recovered; that instead of it having been *paralysis*, that it was *dislocation* of the lower jaw from incautiously yawning; but the mistake was not discovered until a second doctor was called in, and the patient had taken the usual remedies for paralysis, together with having the nape of the neck well scarified and six cups applied.—*Dr. White—Dental Cosmos.*

The above reminds us of a somewhat similar case that occurred in this city a few years ago, and was related to us by the late Dr. Janney. A gentleman while yawning, as he awoke in the morning, found his mouth suddenly and painfully fixed wide open. He arose in alarm, and ran to the nearest doctor, who happened to be a homœopath. The homœopath seemed confounded by the curious predicament of the patient, but after carefully examining him, pronounced it a case of *lockjaw*, and remarked that the jaw was *locked open*!

The inevitable sugar powders were prescribed, and the patient directed to return home and go to bed. After continuing under this treatment for a few days, a shrewd visitor expressed some doubt as to the correctness of the diagnosis, and insisted on his friend seeking other advice. The result was that Dr. Janney was called on, and the jaw that was "locked open," was soon shut, with a snap, by the simple reduction of the dislocation by means of the Doctor's fingers.

*The Man to Still Living—Medical and*

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Dr. Henr ica, who v remark tha in Chili, w and that he with no ir faculties.

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*Protrusion Stump.*—V amputatio happens to the bone ner, and after a tin of this ki notice of grow is authority Carling, it was re under M a health eighteen putated i and rem gradually protrude ance wa drawn o lar subs of bone as if fro of the n pins. Chlorofo incision

*The Man through whose Head an Iron Rod passed, Still Living.*—Professor Hamilton, of the Ohio Medical and Surgical Journal, writes as follows:

All who are old enough to have been readers of medical journals in 1848, will recollect the case of the man Gage, through whose head passed a tamping rod, three feet seven inches in length, an inch and a quarter in diameter, and weighing 13½ pounds.

A few months ago we had occasion, in some clinical remarks, to make mention of this remarkable case, in which we stated that, though the man survived, we were not informed as to the mental and general condition in which the injury left him.

Dr. Henry Trevitt, of Valparaiso, South America, who was present, at once replied to our remark that he knew Gage well; that he lived in Chili, where he was engaged in stage driving; and that he was in the enjoyment of good health, with no impairment whatever of his mental faculties.

Dr. Harlow, of Cavendish, Vermont, in whose practice the case occurred, described the wound as commencing just anterior to the ramus of the inferior maxillary bone of the left side, taking a direction upward and backward toward the median line, passing through the left anterior lobe of the cerebrum, and making its exit at the junction of the coronal and sagittal sutures; lacerating the longitudinal sinus; extensively fracturing the frontal and parietal bones; breaking up a large portion of the brain, and protruding the globe of the left eye from its socket by nearly one-half its diameter.

*Protrusion of Bone by Growth from the end of a Stump.*—When limbs have been submitted to amputation in childhood, it not unfrequently happens that, as the individual grows, so does the bone elongate itself in a proportionate manner, and then protrudes through the soft parts, after a time forming a conical stump. Instances of this kind we have already brought under the notice of our readers; and that the bone does grow is believed by many surgeons of high authority, amongst whom are Mr. Stanley, Mr. Curling, and others. An undoubted example of it was recently admitted into Guy's Hospital, under Mr. Hamilton's care. The patient was a healthy-looking girl, of about the age of eighteen years, whose right arm had been amputated in childhood. The stump healed kindly, and remained healthy for some years, when it gradually became conical, and from the point protruded the end of the humerus. Its appearance was like an exaggerated nipple somewhat drawn out. There was no retraction of muscular substance here, but clearly an outgrowth of bone. The soft parts were tender in spots, as if from the pressure on or stretching of some of the nerves; in fact, they could be marked by pins. The rest of the stump was healthy. Chloroform was given on the 24th of July, an incision was made on either side, freely laying

open the stump, and three inches of the bone sawn off; the parts were brought together, and the girl is now doing very well.—*Lancet*.

*Volatility of Mercury.*—Professor Mallet confirms the observations of Stromeyer on the evaporation of mercury with the vapor of water at comparatively low temperatures. Some mercury got mixed in his laboratory with a porous clay, which was dry to the touch, but which gave off 8 or 10 per cent. of water when heated to 100° C. A specimen of this was placed in a common copper box with double sides, which serves as a steam-bath, and exposed to the temperature of boiling water. In half an hour the glass tube through which the heated air and vapor from the inside of the steam-bath escapes, was covered with a bright specular deposit of metallic mercury. From this it is clear that the metal does volatilize in considerable amount when surrounded by the vapor of water at 100°.—*Chemical News. Dublin Press.*

*Infantile Mortality in London.*—In the fifth report of sanitary progress of the National Philanthropic Association, it is stated that of 100 children born in Church-lane, 31 die before the first year; in the whole of St. Giles's, 28; Lambeth, 20; City of London, 19; Islington, 16. Out of 100 children living, at one year and under two, there die in Church-lane, 46; St. Giles's, 15; Lambeth, 10; City of London, 12; Islington, 7. The report adds that it will be seen that, while only 7 in 100 die in Islington from one to two years, 46 die in Church-lane, which should be called Church-yard rather than Church-lane.—*Dublin Press.*

*Army and Navy.*—Leave of absence for six months has been granted to Asst. Surgeon J. H. Berrien, on condition that suitable medical attendance be furnished to the troops at Colville Depot, W. T., without expense to the U. S. during his absence.

Asst. Surgeon D. P. Ramseur, has been ordered to relieve Asst. Surg. W. J. L. White, at Fort Clark, Texas; the latter, on being relieved, has been instructed to report, in person, to the Surgeon General of the Army.

*Pennsylvania College of Dental Surgery.*—The annual course of lectures in this Institution commenced on Monday, the 5th inst., under the most favorable circumstances. The class being much larger than at any previous opening, and the interest manifested by those present, gave ample evidence of their desire to be up with the present advanced state of the science. We feel safe in predicting that the Faculty will leave nothing undone to merit the increased patronage extended to this flourishing school.

*Return of the Surgeon of the Hayes' Expedition—The Vessel in Winter Quarters and the Party all Well.*—Dr. Wm. Longshaw, Jr., of East Cambridge, who went out in Dr. Hayes' expedition as surgeon, has arrived home, and reports the officers and crew all well. He left the vessel after her arrival at winter quarters. She was, at the time he left, frozen in ice, where she would remain until June next.

Dr. L. brought dispatches from Dr. Hayes for the committees at Boston, New York, Philadelphia, and Baltimore, who aided in fitting out the expedition, and to the general government at Washington. These he left with the American consul at Copenhagen, and they should have reached their destination ere this time. He also brought letters to other parties.

At the time he left everything seemed favorable for the prosecution of the objects of the expedition another year. Dr. L., accompanied by an envoy, furnished by the Danish government, went across Greenland to a Danish port, from which he sailed for Copenhagen. Afterwards he visited Paris, and he came from Europe in the City of Edinburgh, arriving home on Thursday, week before last.

*Reduction of Strangulated Hernia by Inverting the Patient.*—A case of successful treatment of strangulated hernia by manipulating the tumor whilst the patient was raised perpendicularly on his head and shoulders by assistants, is reported in the *Lancet* as "a new method."

Perhaps there is not a surgeon in this country who is not familiar with this manœuvre, and it also seems to be popularly known. We once heard from a sailor that it was a common practice at sea in the reduction of ordinary cases of hernia.

*Prosecution of a Bone-setter.*—A boy at Birkenhead, England, was injured, and a bone-setter was called in who said that the thigh bone was broken, and accordingly professed to set it. For this he received his fee. The boy became rapidly worse and died in a few days. A post-mortem examination showed that the bone had never been broken. On account of mal-treatment of the case the coroner's jury rendered a verdict of "manslaughter" against the quack.

*The Museum of Comparative Zoology at Cambridge* was opened at Boston on Tuesday last. The exercises consisted of addresses by Governor Banks, President Felton, Professor Agassiz, and Dr. Jacob Bigelow. A large and interested audience was present. The museum is endowed with \$225,000, of which \$100,000 is by the State and the remainder by individual donations.

*A New Remedy for Croup.*—BOUCHUT, a French surgeon, is said to be curing croup by removal of the tonsils. Eleven successful cases have been published.

*Lectures to the Insane.*—We had the pleasure, on Tuesday evening last, of being present at the Pennsylvania Hospital for the Insane, (Dr. KIRKBRIDE'S,) at a lecture on the "Habits of Insects," delivered before the female patients of the hospital by Dr. ISAAC P. TRIMBLE, of Newark, N. J. A more attentive audience we have never seen, and it is evident that such intellectual diversions must contribute much to arouse the slumbering faculties of the patients and contribute to the restoration of their mental powers. The lecture was peculiarly attractive on account of the close observation with which Dr. Trimble has studied the subject, enabling him to illustrate the wonderful habits of these animals by striking and curious examples.

*For the Examination of Milk.* Mr. Fellenberg (*Schweizer Zeitschr. für Pharmacie*) recommends an areometer constructed on a principle which renders it much more suitable for the examination of liquids but little lighter or heavier than water, than the common hydrometer. The difference is simply in the proportion as to size between the bulb and scale. For, while in the common hydrometer the volume of the float and that of the scale are in the proportion of 10 to 6, in the new areometer it stands at 150 to 1, corresponding to a volume of water of resp. 1500, and 10 grains.

*Formation of Crystals.*—Hauer says, that when a broken crystal is placed in a solution of an isomorphous salt it quickly recovers its original form; but when a crystal is cut so as to give faces belonging to combinations of the same crystalline system, only these new faces are developed. A crystal with artificial faces placed in a solution of an isomorphous salt behaves exactly like a natural crystal. In this way we may produce mechanically at will any crystalline combinations whatever.

*Quinic Acid in the Herb of the Whortleberry.*—Messrs. Zwenzer and Siebert (*Annalen der Chemie u. Pharmacie*, July, 1860,) have found that several plants belonging to the family of Ericaceæ, among which the *Vaccinium Myrtillus*, whortleberry, contain a considerable proportion of quinic acid, identical with that obtained from Peruvian Bark.

*Errata.*—In the last number of the *REPORTER*, in the article of Dr. Thompson, on page 138, second column, 20th line from the bottom, after the word "affections," insert "of the throat, because he says it produces such affections," making it read: "The Homœopathist gives belladonna in certain affections of the throat," etc., etc. And in the 17th line, read "explication" instead of "operation."

*A Village of accident* in rural districts is a common occurrence. It happens to be within a few miles of the city, and is quickly solved by the establishment of a hospital. In such cases, the patient must be attended by a physician, and the attendance must be afforded. A large of Crows is a model to be followed by Crawley V. which the for the ac- cording from establish- ment; of her as- sion has which per- disease has penditure number of the midst them the patients s ley Villa, developm- we desir- useful w Renkioi, mense ac- increase its sanita- but to ac-

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**A Village Hospital.**—The management of cases of accident and severe illness amongst the poor in rural districts constantly offers the most serious difficulties to the surgeon. If there should happen to be a large hospital near at hand, or within a convenient distance, the difficulty is quickly solved by transporting the patient to that establishment, where all his wants are anticipated, and the necessities of his case supplied. In remote villages, in isolated districts, and in localities where the hospital is far distant or its accommodation insufficient, the patient must suffer greatly from the absence of all the appliances and the kind of nursing and attendance which only such an institution can afford. A well-devised effort, made at the village of Crawley, successfully meets these shortcomings in that district, and may serve as a model to be usefully copied elsewhere. The Crawley Village Hospital consists of a cottage, which the rector lends rent free. It is designed for the accommodation of the poor when suffering from sickness or from accident. The establishment is composed of a nurse and a servant; a lady has also promised the benefit of her assistance in special cases. The institution has now been working a year, during which period twenty-two cases of accident and disease have been successfully treated, at an expenditure apparently not exceeding £60. The number of beds is now fixed at six. Placed in the midst of a healthy atmosphere, and each of them the object of anxious and special care, the patients are favorably situated for cure. Crawley Village Hospital is a sensible and useful development of local philanthropy, for which we desire permanence and a rich fruition of useful works. Like the Military Hospital at Renkioi, such an establishment enjoys the immense advantage of being capable of indefinite increase according to need, without impairing its sanitary principle of isolation. You have but to add cottage to cottage.—*Lancet*.

**Pamphlets Received.**—AN INQUIRY concerning the value of testimony respecting facts as they appear to a mind partly conscious, by T. L. WRIGHT, M. D., Bellefontaine; from the Transactions of the Ohio State Medical Society.

**CLASSIFICATION OF THE ANIMAL KINGDOM**, by Dr. HAYES AGNEW, M. D.: Lecture on Anatomy, Clinical Lecturer on Surgery in the Philadelphia Hospital, etc.; an Introductory Lecture.

**AN ESSAY ON THE TREATMENT OF PHTHISIS BY CHLORATE OF POTASH**, etc., by E. J. FOUNTAIN, A. M., M. D., of Davenport, Iowa.

**A Hospital for Consumption at Torquay.**—A London merchant, whose daughter was greatly benefited by the climate of Torquay, has offered five hundred pounds to aid in completing the hospital at that place.

# MARRIAGES.

**WILSON—DILLINGER.**—On Tuesday evening last, 6th inst., by the Rev. B. M. Schmucker, Dr. J. H. Wilson, of Schnecksville, to Miss Lovina S. Dillinger, of Allentown.

**PEPPER—HAMILTON.**—October 24th, by Rev. Wm. Minnis, D. D., J. G. Pepper, M. D., of Huntsville, Ala., and Matilda J. Hamilton, of New Market, Tenn.

**CARR—SIMS.**—On the 8th Nov., at New York, by the Rev. Dr. Potts, Charles H. Carr to Mary V., eldest daughter of Dr. J. Marion Sims.

# DEATHS.

**RANKIN.**—On the 17th of October, near Curillsville, Clarion county, Pa., Mrs. Eliza, wife of Dr. J. M. Rankin, in the 65th year of her age.

**HALBERSTADT.**—At Pottsville, on Friday, the 9th instant, Dr. George Halberstadt, in the 56th year of his age.

# Answers to Correspondents.

**Dr. J. A. W.**—Your letter has been received, but it is impossible, at present, to give you precise information on the subject. More in a few weeks.

**Dr. F. Iowa.**—Vaccine matter has been sent.

**Dr. A. W. W., N. J.**—We are anxiously waiting.

**Dr. I. A. N., N. J.**—There is room for those mortality reports.

**Dr. J. F. N., La.**—Hartshorne's Memoranda Medica has been sent by mail. Send us \$1.00.

# COMMUNICATIONS RECEIVED.

**Delaware**—Dr. G. P. Norris, (2) **Georgia**—Dr. J. E. Blackshear. **Illinois**—Dr. C. S. Spillman, (with encl.) **Indiana**—Dr. E. B. Gluck, (with encl.) Dr. J. Lewis. **Iowa**—Dr. G. M. Staples. **Kentucky**—Dr. W. D. Gray, (with encl.) Dr. G. W. Ronald. **Louisiana**—Dr. N. B. Benedict, Dr. J. F. Newton. **Maryland**—Dr. H. B. Wilson. **Massachusetts**—Dr. W. T. Brackett, (2) **New York**—Dr. Macnicholl, (4) Dr. H. Switz, (with encl.) Dr. J. G. Snell, (with encl.) Dr. C. Devendorf, (with encl.) Dr. M. T. Peak, (with encl.) Dr. G. J. Newton, (with encl.) Dr. W. H. Johnson, (with encl.) Dr. S. W. Maxwell, (with encl.) Dr. W. A. Hubbs, (with encl.) Dr. S. A. Ingham, (with encl.) Dr. P. Billinger, (with encl.) Dr. J. E. Casey, (with encl.) Dr. J. H. Douglass, (with encl.) Dr. J. B. Nold, (with encl.) Dr. D. C. Brown, (with encl.) Dr. H. F. Teed, (with encl.) Dr. N. R. Crosswell, (with encl.) Dr. W. J. Kingsley, (with encl.) Dr. S. P. Scudder, (with encl.) Dr. J. V. Cobb, (with encl.) Dr. G. F. Collins, Dr. H. H. Harnstreet, (with encl.) Dr. C. W. Bates, Dr. J. Atherley, C. Evans, (with encl.) Dr. E. W. Clark, Dr. E. S. Galliard, (with encl.) **Ohio**—W. E. Chapman. **Pennsylvania**—Mr. Jno. Hulme, (2) Dr. F. C. Harrison, (with encl.) Dr. W. A. Case, (with encl.) Dr. J. R. Evans, (with encl.) Dr. J. Smith, (with encl.) Dr. D. H. Montgomery, (with encl.) Dr. J. H. Keeler, Dr. H. Clapp, Dr. W. H. King, (with encl.) Dr. G. B. Swayze, (with encl.) Dr. J. C. Snauffer, (with encl.) Dr. G. Weerman, (with encl.) Dr. G. Weiser, (with encl.) Dr. H. O. Witman, (with encl.) Dr. H. B. Caelow, (with encl.) Dr. J. K. Hertz, (with encl.) Dr. P. F. Waggoner, Dr. H. Neal, (with encl.) Dr. S. H. Harry, Dr. F. W. Quig, (with encl.) **Rhode Island**—Dr. E. M. Snow. **Tennessee**—Dr. J. A. Hudson. **Vermont**—Dr. C. L. Allen, Dr. S. R. Day, Dr. A. E. Horton.

**Office Payments.**—W. M. Christman, J. Roberts, Dr. H. A. Fahnestock, (Pa.) Dr. G. F. Fort, (N. J.) Dr. R. Barr, (Pa.) C. M. Robinson, Dr. W. T. Howard, (N. C.) Dr. F. B. Poley, (Pa.) By Mr. Swaine: Drs. S. B. Ladd, A. G. Heston, J. Kammerly, J. Gilliams, Evans, McBride, J. Kline, (adv.) R. H. Dutton, (adv.) By Mr. Foster: A. R. Gray, A. T. Robertson, T. J. Swisher.

**MORTALITY OF CITIES DURING THE WEEK ENDING NOVEMBER 3, 1860.**

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